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ABSTRACT

Through a synthesis of 15 research studies, this report profiles parenting information needs and attempts to increase understanding of potential sources of parenting information. It is suggested that the synthesis may assist (1) needs-assessment for program planning and design, (2) development of information strategies or products for parents, and (3) implementation of parent education programs or program components. Descriptive research projects and intervention projects were included for dissemination because they were current and emphasized child development. Jointly, the 15 projects focus on two major areas of the needs domain (parent interests and problems), two external shaping factors (parent attitudes and values), and two resource elements (channels of information and sources of informal and formal supports). The five demonstration or intervention projects sponsored by the Administration for Children, Youth and Families (ACYF) that were included in the synthesis all attempted to improve the level of parent knowledge. Concluding sections of the synthesis provide a table summarizing developmental tasks, needs, and crises of young parents, and a list of recommendations concerning parent influences on information, content areas for dissemination, appropriate amounts of information, and meeting the special needs of adolescent parents. (Lengthy abstracts of each of the projects discussed are appended.) (Author/RH)

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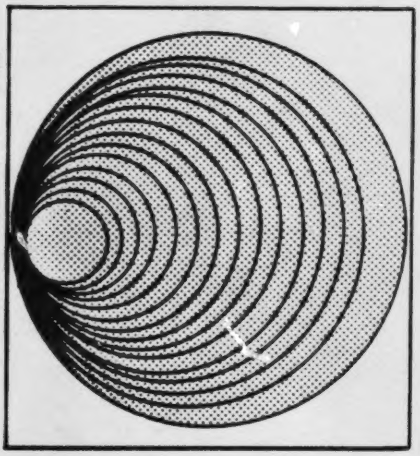
INFORMATION NEEDS of PARENTS with YOUNG CHILDREN

A Synthesis of 15 Child Development Information Research Studies from the Administration for Children, Youth and Families



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Frank Porter Graham Child Development Center

University of North Carolina at Chapel Hill

INFORMATION NEEDS OF PARENTS WITH YOUNG CHILDREN

A Synthesis of 15 Child Development Information Research Studies from the Administration for Children, Youth and Families

Joseph Sparling, Editor

Abstracts edited by Isabelle Lewis

June 1980

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Introduction

INFORMATION NEEDS OF PARENTS WITH VERY YOUNG CHILDREN

The wisdom needed for parenting is not bestowed along with motherhood or fatherhood. Wisdom accumulates through the experiences and knowledge of a lifetime. But fortunately, all knowledge about parenting doesn't have to be learned firsthand in a solo, learn-it-the-hard-way effort. Parenting can be successfully undertaken by a novice who is supplied with adequate information and who receives help from family, friends, and the community.

This report attempts to profile parenting information needs (especially, regarding child development) and to understand the potential sources of such information. There are a number of reasons why information needs of parents are becoming more acute. New families today are more likely to be separated from relatives - living in small, two-generational units. This separation has cut off, or at least impeded, some of the traditional and informal channels for transmitting child development information. Other families, especially those started by younger and teenage parents, begin parenthood before they have had their own full share of experience through which to develop parenting wisdom. Their meager personal information resource creates special demands on outside sources. Other families whose ethnic origins make them more vulnerable to the forces of racism, economic inequality, and social instability have unique needs in addition to those shared with families in general. They feel a particular pressure to reexamine and rediscover information and resources that contribute to their own heritage. These and other pressures make the 1980's a time in which families will be searching both their own inner resources and the resources of the larger community to satisfy their information needs.

And who will extend a hand in return? What obligation do the institutions of society have to respond to these needs of the 1980's? To examine these issues, the Administration for Children, Youth and Families has supported many research demonstration projects. Material from 15 of these is included in this report. (Other important studies bearing on this topic, of course, exist. The present studies were chosen because they are current and because they emphasize the area of child development: an area of plentiful information resources which cry for dissemination.) From the selected studies emerges a picture of parents throughout the United States in many different circumstances and with many aspirations and strengths. But equally are seen the isolation and fatalism of parents and young parents-to-be who plod ahead without

SUMMARY OF PROJECTS

	Investigator	Age of Parents	Number of Parents	Age of Youngest Child in Family	Type of Research	Location
DESCRIPTIVE RESEARCH PROJECTS	Miller	unrestricted	100	< 5 yrs.	personal interview: Native American devel. norms	California
	Rodriquez	unrestricted	391	6-48 mo.	291 question personal interview	Puerto Rico
	Becerra	unrestricted	562	< 3 yrs.	personal interview: Spanish, Chinese & English	Los Angeles
	Egeland	unrestricted	267	3-24 mo.	battery of personal interviews, tests, observation at several points in time	Minneapolis
	Sparling	unrestricted	1558	< 3 yrs.	mail questionnaires/100 interviews	U.S.
	Epstein	teenage	98	< 0	personal interview observation, card sort	Michigan
	Zitner	teenage	185	11-17 mo.	personal interview	Detroit, Toledo, Houston, Charlotte
	Grow	teenage	448	1-36 mo.	personal interview	Milwaukee
	Cannon-Bonventre	teenage	111*	< 2 yrs.	personal interview: English or Spanish	Boston
	Stevens	teenage	180	16-24 mo.	personal interview, tests of knowledge	Atlanta
INTERVENTION PROJECTS	Johnson	unrestricted	149	< 8 yrs.	group sessions in community	St. Louis
	Field I	teenage	150	0-6 mo.	biweekly home visits	Miami
	Field II	teenage	90	0-6 mo.	infant daycare plus mother job training	Miami
	Welcher	teenage	135	0-12 mo.	group sessions in clinic	Baltimore
	Salguero	teenage	114	child not required	coordination of services	New Haven
	Warner	teenage	118	2 mo.-	coordination of services, daycare	New York

NOTE:
- Number of parents includes both experimental and control subjects.
- Each of the intervention projects also has a research component which is not described here.

*plus 20 service providers

the information needed to change or improve their course. It is too much to think of these 15 studies as a national parent information needs assessment. But, they can 1) contribute to the needs-assessment process through which future programs will be planned and designed, 2) contribute to the future development of information strategies or products for parents, and 3) help guide the sensitive implementation of parent education programs or program components.

Abstracts of the individual projects are provided at the end of this report. The preceding table gives a quick overview including the numbers of participants and the geographic locations. Diversity is an evident strength. Many of the projects included significant elements in addition to parent information needs - but it was impossible to include a wider scope of topics in the present limited report.

Is information so important?

Why are parents' information needs being studied so intensely? Anyone who has observed a confident, successful parent becomes intuitively aware of the substantial amount of information that *must* have been the basis for that parent's skill and knowledge. Going beyond such an intuitive awareness that information must be important, the research and demonstration projects summarized in this paper help clarify how and when and why information is useful.

Why? Information which has become a part of the parents' understanding, or knowledge, is important because it is related to many of the behaviors of parents with their children. The present report includes studies which measured some parent behaviors in an attempt to identify key relationships between knowledge and behavior.

Who? Maternal age emerges in these studies as an extremely important variable. Age relates to many knowledge measures and parent skills, with the youngest parents appearing to be handicapped by having the least information. Of current research projects a substantial portion focus mainly on teenage and adolescent parents.

How? Researchers are just beginning to learn how delivery of parenting information can be accomplished successfully. Sometimes the method chosen for delivery is not equally effective for influencing level of parenting information on various topics. Thus it is important to test delivery procedures to be sure of their result.

Where? Procedures and location of delivery are interrelated. Locations that have been used include the home, day care center, clinic, and community center. But these have not been directly compared to each other.

What? Those who deliver information cannot assume exact understanding of what information parents need or want. Information needs on topics as basic as child development norms may be different for various population segments. The needs of racial or ethnic minorities, for example, may involve unique considerations in addition to those common to the majority population. Parents do say they want information, and they respond well to demonstration programs that supply it, particularly if it is seen as relevant and useful to their experiences, lifestyles, and cultural values.

When? Information needs that are relevant change as the child grows and the tasks of parenthood change. Therefore information must be tailored to the "readiness" of the parent to receive it. Continuing contact with parents, especially adolescents, reveals that new information needs continue to emerge as the initial ones are met.

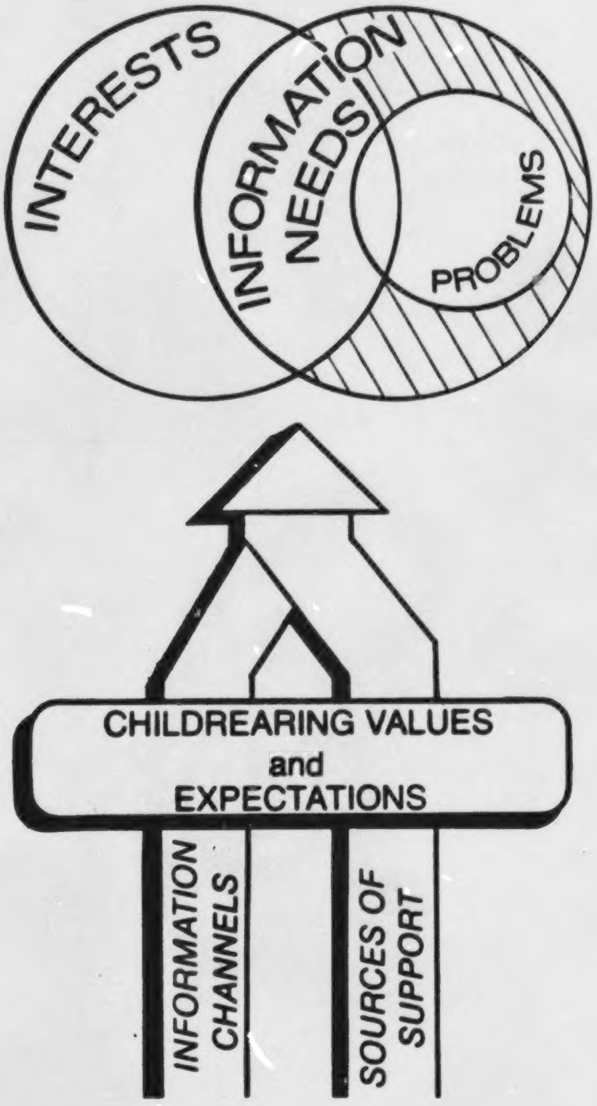
How Are Information Needs Measured?

Parents revealed their information needs through questionnaires, interviews, and by allowing researchers to observe their behavior with their children. In some of the questionnaires and interviews, parents were asked about information needs in a straight-forward manner. Other researchers used a more indirect approach measuring related concepts through which needs might be inferred. The related concepts used in the studies were:

1. Interest in information topics
2. Problems related to parenthood
3. Values regarding childrearing
4. Awareness of, use of, or preference for various information channels
5. Awareness of, use of, or need for various sources of support.

While no adequate theory is available to explain the relationship among these concepts, it seems likely that "needs" incorporate all problems and some interests. If these relationships in fact exist, it means that needs, as illustrated in the following diagram, are a "mixed bag." For some needs (problems), the individual has a negative awareness; for some (interests), a positive awareness. And for some needs (represented by shaded areas in the diagram), the individual may have no awareness at all. This last group is illustrated by the parents' need, for example, to have information about baby food additives, even though she may never have heard of them. These various kinds of needs (and there may be others) make it necessary when collecting data to go beyond the straightforward question, "What are your information needs?"

By measuring interests and problems, the research and demonstration studies in this report tapped the two major aspects of need to which the parent can most readily respond. Some of the projects also attempted to describe the parent's "unfelt" needs by using professional judgments.


INTERESTS
INFORMATION NEEDS
PROBLEMS
CHILDREARING VALUES and EXPECTATIONS
INFORMATION CHANNELS
SOURCES OF SUPPORT

The concepts of childrearing values and developmental expectations are not direct aspects of need but may be thought of as mediating variables which impinge on need in various ways. For example, values can shape interests and define borders of problems; expectations can determine whether an event is viewed as a problem. The values and expectations of parents together determine which information channels or sources will, in practice, be "open", how much information may be received in response to a need, and which of the broader sources of support will be called on.

Jointly, the 15 projects have attempted to get a snapshot of two major areas of the needs domain (interests and problems), and to include in the picture two externally shaping factors (values and expectations), and two resource elements (channels and supports). These broad topics are used to organize this synthesis report.

PARENT INTERESTS

As a first step in studying "information needs" several investigators asked about parent interests. These interests revealed a positive aspect of parent information needs.

Parents are interested in information about the whole child.

Researchers asked a representative national sample of 1558 mothers of children under three years of age to identify articles they would be interested in reading on a list of 50 childrearing topics. The top interests of parents revealed that they hold a balanced, whole-child view. The study showed that material on these three topics would capture the largest possible readership: "Build your child's self-confidence", "The sick child: what to do", and "Prepare your child for learning." Top interests contained action phrases such as "what to do..., prepare your child..., games to enhance..., help...". Parents clearly see themsleves in a facilitating and skillful role *vis a vis* their young children. Sparling*

But, information must be tailored to specific parent differences.

This same national study took 50 parent interests and clustered them into several broad areas to see which would be first choice for various subgroups of parents. Three topics (family coping, community resources, and continuing child development) captured the interest of average numbers of parents from all walks of life. But some interests were greater within a particular group of parents. For example, parents with a college education had as their first interest "Promoting general learning and development." Sparling

"Non-traditional parenthood" (which includes information on divorce, the stepparent, and the single parent) captured the first-place interest of more parents with incomes over $15,000. The topic which captured first interest from poverty-level minority parents, "Promoting Health," also gained interest from the largest total number of parents of all kinds.

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* Reference citations are given in the margin with names of principal investigtigators from the abstracts in the second half of this report. page numbers from the individual studies are not referenced since many reports are in first draft form - without final pagination.

Findings such as these suggest the need for tailoring information so that it is matched to the "readiness" of the parent to receive it. For example, to be of greatest interest, information about infant learning and infant development must be available during the months the first child in the family is under one year of age. In contrast, information on the topic of the child's social and emotional growth may make more sense later in the parenting process perhaps when there are two children in the family or when the child's social environment begins to extend beyond the family.

These topics...	...attract interest from a higher-than-average proportion of these groups
Promoting general learning and development	Parents with college education
Promoting infant learning and development	Parents with a *first* child under 12 months of age
Promoting health	Minority parents who are at poverty-level
Social-emotional development	Parents having two children
Non-traditional parenthood	Parents having income over $15,000

Epstein

As further evidence of this need to tailor information to the audience, 98 teenage mothers in a southeast Michigan study, who were expecting their first child, spontaneously indicated a need for information on "recognizing and caring for a sick baby". This same group said they wanted additional information on cognitive development ("how babies think and learn how to sort out their world").

Johnson

A St. Louis project concerned with the role of cultural heritage in Black family life had the participation of 149 families (each with at least one child under eight years of age). Ninety-eight of these families were provided training through three demonstration parent education programs. These parents expressed keen interest in information that had particular cultural relevance. In addition, among those topics that were drawn from traditional American and European psychologies, they expressed the highest interest in social development (including behavior and discipline) and skill building (cognitive and perceptual).

Rodriguez

Discipline was identified also as one of the top areas of information desired in Puerto Rico. A study of 391 families with children under four years of age showed that four areas must frequently identified as areas of information need were: 1) attitudes toward sex, 2) language development, 3) discipline, and 4) feeding. The researchers concluded that these and ten additional areas in which the parents indicated an information need revealed an overall concern for information by these Puerto Rican parents.

Interests may be distinct from problems.

One study measured both interests and problems of parents. Two apparently parallel items (one stated as a problem "My child seems to lack confidence - I wish I could help" and the other as an interest "Build your child's self-confidence") had very little statistical relationship to each other. This topic had a high rating as an interest but as a problem was reported as low in frequency. (Most of the children in this study were quite young and may not have yet developed problems of self-confidence.) It is a hopeful sign that parents recognize the importance of this area regardless of its existence as a current problem. Thus, it seems that expressions of interest revealed a positive aspect of information needs that is quite distinct from needs based on problems. The next section of this paper will deal with problem-based needs which concern parents of very young children.

Sparling

PARENT PROBLEMS

What are some of the information needs that are not based on likes or interests but on worries, concerns, or problems?

Family coping generates the most problems.

The most frequent problem expressed by parents in a large national study was concern over whether or not they were supporting the child's learning and developmental potential. Beyond this, the largest group of high-rated problems seemed to be concerned with family coping. This group included time alone for the mother, difficulty in finding a babysitter, crying, accidents, the demanding child, parent fatigue, spoiling, and unwanted advice. The two remaining problems in the top twelve had to do with when to call the doctor and child tantrums. Sparling

The age of the mother makes a difference.

Problems such as "I wonder when I should call the doctor" and "I worry that my child will get hurt around the house" drew proportionately higher responses from poverty-level, minority mothers and from younger mothers. Time for one's self, child negativism and toilet training are problems which proportionately were of more frequent concern to older mothers and mothers with older children, especially two-year-olds. Sparling

Problems may relate to changing lifestyles.

Indian mothers who have moved off the reservation had a number of concerns that relate to the special conditions of urban living. Some of these concerns are shown in a study of 100 Native American families in California (50 of whom live on a remote reservation and 50 in the Bay Area) with at least one child under five. For example, many reservation mothers mentioned their concern with their toddlers' development of social skills - of "getting along with others", but urban mothers mentioned safety skills - "keeping out of the street." Urban Indian mothers also stressed learning skills while reservation mothers spoke of moral development, i.e., of the child's ability to "know right from wrong." The urban mothers' concern perhaps reflects the child's needs to deal with conditions in the city, while reserva- Miller tion mothers are stressing traditional Indian values of justice, respect, and morality.

Safety poses an important problem to parents of very young children.

In a Baltimore program with new teenage mothers, where training Welcher was done in groups of five in a clinic setting the desire to know more about safety was measured at several points during the child's first year. These young mothers continued over time to have a strong desire for more information about the child's safety. Another study, however, found a backlash from safety concerns. The researchers Epstein concluded that when teenagers with inadequate safety knowledge became over-concerned about their infants' safety, their own fears caused them to inhibit or restrict the child's activity. Thus, they deprived their child of valuable learning through appropriate toys and exploratory behaviors.

A more positive effect of a safety concern, from a national Sparling sample of high-risk, minority parents, showed that a high rating on "I worry that my child will get hurt around the house" predicted a positive interest in such topics as "The sick child: what to do" and other varied topics including child independence, understanding child speech, building trust, dealing with angry feelings, and building child self-confidence. The researchers felt that perhaps this awareness of household safety as a problem may be a bellwether response that signals the presence of a variety of positive interests regarding the child.

PARENT ATTITUDES AND VALUES

Childrearing values explain, in many cases, why parents are receptive to certain forms of information and why one parent may interpret a situation as problematic while another sees it as normal.

Many values must be understood in terms of culture.

The mid-American parent education program for Black families found that their (socioeconomically heterogenous) parents placed a great deal of emphasis on the childrearing goals of respect for others and elders, independence, obedience, happiness, hard work, and honesty. The values of respect and independence were documented also in a sample of low-income Black parents. Johnson Sparling

For both urban and reservation mothers of the Native American culture, the valued adult role was primarily that of giving love and basic care when their child was under one year of age. Both groups stressed the giving of affection, i.e., "cuddling, playing with, loving." Reservation mothers added to the role of the mother the value of observation: to "watch carefully", to "observe", and to "get to know" the baby. This special watching of the baby is a cultural norm of American Indians, who believe that the first year of life is the revelation of the "kind of person" the child is and will continue to be. Miller

Values change with age, education, and income.

A national study that looked at a varied population of parents measured values by allowing parents to rank six goal statements related to their children. On the average, "to feel they are good persons", a progressive goal, was given first importance followed by "to obey parents", a traditional goal. All three of the progressive goals were likely to be given stronger affirmation by mothers who were older, mothers who had more education, and mothers who had greater income. Each of the three traditional goals were more likely to be affirmed by younger mothers, by mothers with less education, and by mothers with less income. Sparling

Goals or Values for Children	Importance Rank All mothers	Teenage mothers	Minority poverty-level mothers
Progressive			
To feel they are good persons	1	2	4
To think for themselves	3	3	3
To be curious about many things	4	5	5
Traditional			
To obey parents	2	1	1
To be polite to adults	5	4	2
To keep themselves and their clothes clean	6	6	6

The top valued child quality for the general population sample "to feel they are good persons" was fourth in the value system reported by a group of poverty-level, minority (mostly Black) parents. Such sharp differences suggested that attitudes or value scales can help explain and predict differences in parent information interests.

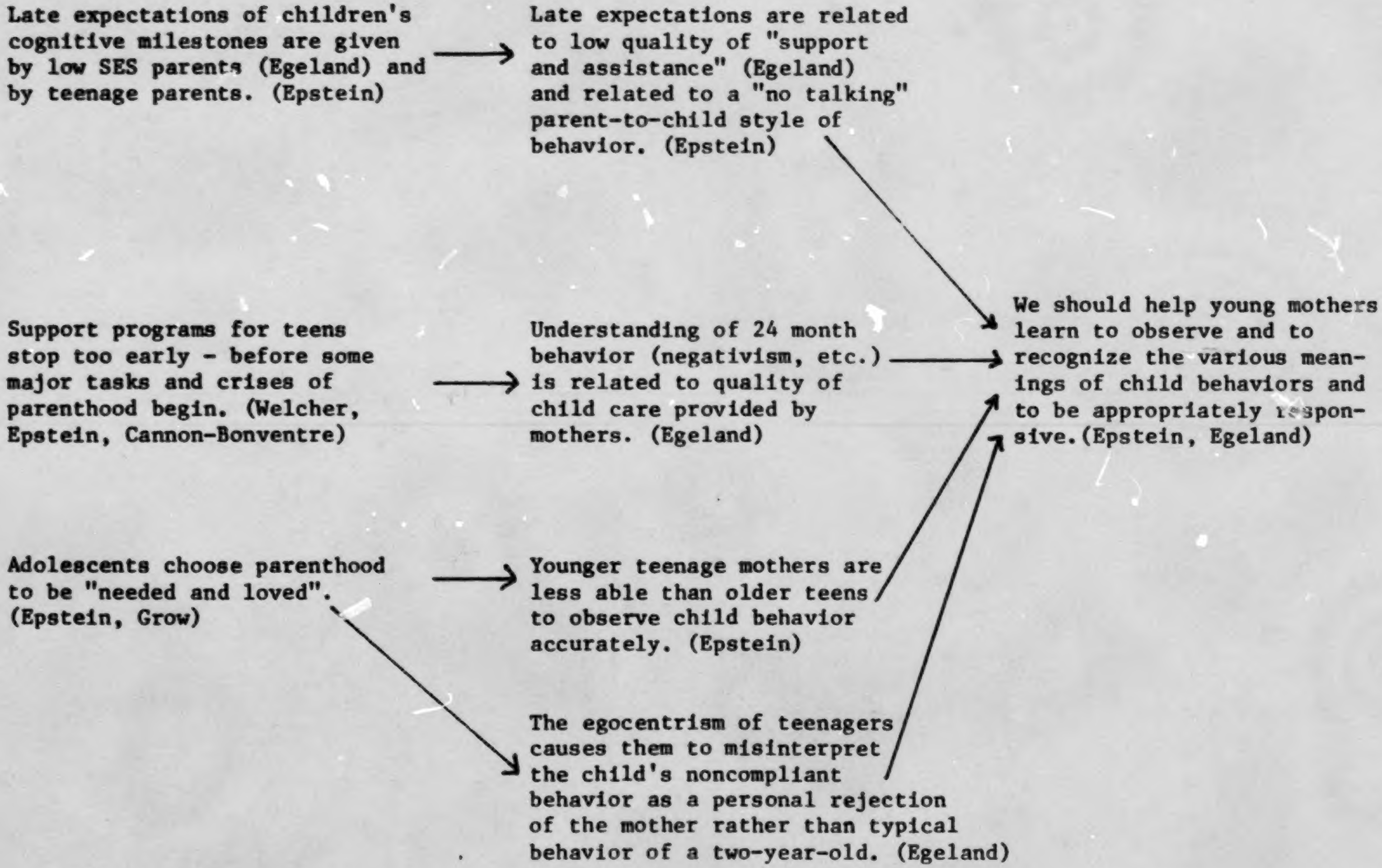
It's hard to be observant when you are a very young mother.

Epstein

A descriptive study of adolescents in Michigan planned an ingenious way to allow these young women to reveal something of their attitudes, knowledge, and skills. Measuring at several points in time and starting before the infant was born, these researchers had the adolescents report their interpretation of what was happening on some videotapes of mothers and children. The researchers also had the young mothers show what they expected of their infant's development by sorting (into age categories) cards with developmental statements; and finally, they observed the teens interacting with their six-month infants. From the card sort task the teens were found to be accurate in their expectations for milestones of basic care, health and nutrition, perception and motor development. In contrast, many of these adolescents greatly underestimated the intellectual and social development of their infants. And, when these same young mothers played with their six-month-olds, they were observed to care well physically for their babies but to understimulate them. Unaware of how much their babies could think and make sense of their worlds, the teenage mothers did little to support and enhance the growth of their infants.

This view of the infant as a mere eater-eliminater-sleeper was also evident in the measure of the teenagers' responses to the video-

THE RELATIONSHIP OF EXPECTATION AND MATERNAL YOUTH TO OBSERVATION SKILLS



Late expectations of children's cognitive milestones are given by low SES parents (Egeland) and by teenage parents. (Epstein)

Late expectations are related to low quality of "support and assistance" (Egeland) and related to a "no talking" parent-to-child style of behavior. (Epstein)

Support programs for teens stop too early - before some major tasks and crises of parenthood begin. (Welcher, Epstein, Cannon-Bonventre)

Understanding of 24 month behavior (negativism, etc.) is related to quality of child care provided by mothers. (Egeland)

We should help young mothers learn to observe and to recognize the various meanings of child behaviors and to be appropriately responsive. (Epstein, Egeland)

Adolescents choose parenthood to be "needed and loved". (Epstein, Grow)

Younger teenage mothers are less able than older teens to observe child behavior accurately. (Epstein)

The egocentrism of teenagers causes them to misinterpret the child's noncompliant behavior as a personal rejection of the mother rather than typical behavior of a two-year-old. (Egeland) tape. On the average, they could neither observe the signs of learning in the babies nor recognize the appropriate activities by which the adults were supporting this learning. Infants studying and exploring objects were often described as "doing nothing" or at best "just playing". Moreover, the ability to observe and interpret increased with age. The younger teens, when given a chance to observe the videotapes again after they had had six months of parenting experience (their own children were six months old), did no better than in their prenatal observations of the tapes. This suggested that the capacity to modify one's expectations after actually becoming a parent and observing one's own baby was also a function of maternal age.

Egeland Another study of 267 low SES mother-infant pairs in Minneapolis showed similar results but at a later point in parenthood. Measurements of the mother's developmental expectations for her child were significantly related to the observed quality of the mother's support and assistance as she and her two-year-old worked jointly on a problem although the magnitude of the relationship was quite small. Mothers who expected their child to accomplish certain developmental milestones later than average also scored low on the quality of care, quality of attachment assessed at 12 and 18 months, and other mother and child competence measures given at two years. The first knowledge dimension reflected the mother's understanding of the developmental significance of the behavior of the two-year-old. The knowledgeable mother had some awareness of the developmental importance of certain child behaviors and interpreted and understood these behaviors from the child's perspective. The second dimension had to do with the parents' understanding of their potential for influencing their children. This dimension reflected parents' awareness of a cause-and-effect relation between their actions and their children's behavior. The mother's confidence in her ability to affect her child's behavior was also reflected by the scale.

Jointly, these two studies suggest an area in which information interventions might be undertaken with adolescent parents. This most critical area includes observation, the understanding of observed behavior, and the recognition of the effects of parental behavior on the child. Interestingly, this set of skills is similar to the "watch carefully", "get to know" role that is a cultural value of the Native Miller American mother. It may be that observation as a value (as well as a skill) will be a productive focus for intervention.

CHANNELS FOR INFORMATION

Parent information needs seem to grow out of problems and interests. But how much information is needed? Where do parents go to satisfy these information needs? And are the channels and sources open and available?

The amount of information used seems to make a difference.

Researchers studying low-income mothers identified two care groups (one excellent, one inadequate) in order to learn something about the sources of information and their relative importance. The mothers who were rated as giving excellent care to their children reported that they got more information about child development from their own childhood experiences and from relatives. The excellent care group also used the advice of friends and information from media and educational sources. Egeland

The total amount of information available was studied by a different method in the Puerto Rican research. The investigators wanted to find out if the use of reading as a method of gaining information had anything to do with the use of community resources, specifically health resources. The study found that the same parents who used private doctors and pediatricians were the ones more likely to read about various areas of child development. Thus, some parents were getting information through multiple channels while others were receiving messages almost exclusively from friends and family. The researchers concluded that there is an urgent need for programs which are based predominantly in orientation and counseling. Using the well-accepted interpersonal channel, services of this type might compensate for the tendency of some parents to underutilize channels such as books and physicians. Rodriguez

The same channel doesn't work for all information.

Teenage mothers who had received prenatal and perinatal services from Crittenton agencies in four U. S. cities were asked which sources of information they had consulted in the first year after their babies' birth. Most of them reported reading and watching television programs, and over one fourth of them had attended classes. Physical aspects of child care were the topics the mothers recalled most often from each of Zitner these media sources. Although parenting classes or meetings were remembered as focusing principally on the physical care of infants, child development content was mentioned relatively often. More of the mothers who attended parenting classes considered them to be helpful than did those who reported parenting education through reading or watching television.

Sparling One large, representative sample of parents were asked where they would *prefer* to get information on several parenting topics. They were allowed to give first and second choices. Their choices show that the preferred channel depends on the specific kind of information being transmitted. For example, interpersonal channels were the overwhelming preference for topics dealing with childrens' or family problems, while books offered an acceptable second-choice channel for information on child development or the teaching of children. Doctors and nurses, the overwhelming interpersonal choice for information on growth and development, were preferred hardly at all as a source of information on how to teach children.

Area	Most Frequent First Source	Most Frequent Second Source
Children's problems	*Family & Friends*	*Doctors & Nurses*
Family problems	*Family & Friends*	*Social Agencies*
Growth and development	*Doctors & Nurses*	*Books*
How to teach children	*Courses & Teachers*	*Books*

Rodriguez A greater reliance on friends, relatives and personal experiences as sources of information was reported by parents of young children in Puerto Rico. Information on almost every topic including children's problems (toilet training, sexual play, discipline) and general areas (teaching the child and recreation) was received predominantly through the channels of friends, relatives, and the parent's own experience. The topic of feedings was the only area where parents reported using a more formal source of knowledge (such as reading). From this study it was obvious that mothers and caretakers generally continue to obtain their information about childrearing from the traditional culture sources.

The parent's mother is the most universally relied upon information channel.

Miller Native Americans living in a California city and on a California reservation both identified the mother as the new parent's best source of help with a preschool child "problem." These young Indian parents listed sisters and spouses as the next most helpful information sources.

Johnson Black parents in St. Louis identified the mother as the most helpful source of childrearing information, identifying the spouse, parenting books, and courses or teachers as other primary sources of helpful information. For this Black population, only a small percent reported that professionals, social agencies, pamphlets, or their children's school teachers were very helpful as sources of information for them.

Becerra

A group of over 100 low-income Chinese adults were less likely than their white counterparts to turn to professionals for information. These parents were participants in an ethnically heterogeneous study in the Los Angeles area which included Hispanic, Black, Chinese and white parents with children under three years of age. The Chinese parents were more likely to rely on their social networks of relatives, friends, or neighbors.

Epstein

Teen parents in southeastern Michigan attested to the enormous support and childrearing assistance of their own parents. Parents (the child's grandparents) were identified as the single most important source of whatever child development and childrearing knowledge teenage parents possessed as they first assumed the parenthood role. Only a small proportion of these teens said they had unresolved conflicts with their own parents over how to raise their babies.

Some parents are receptive to some channels which, in fact, don't deliver.

Sparling

Epstein

Even though parents in a national survey identified doctors and nurses as preferred sources of child development information, other studies rarely found that child development information was delivered through this open channel. Although teenagers' health care in southeastern Michigan was well provided for, the findings about the medical profession as a source of child development information were more discouraging. Of all sources, teens identified the medical profession as one of the least frequent providers of such information. Child development information was not even provided in maternity hospitals where mothers and babies spend an average of four days. Not one teenager reported receiving any child development information beyond instruction in basic caregiving (i.e., feeding, bathing, and diapering) during her stay. Although information about their babies' growth and development was too rarely provided, teenagers were vocal in their appreciation to those doctors and nurses who did take the time to explain things and answer their questions. Thus, the channel seems to continue to be open from the young parents' perspective. In this study, even though the medical profession was one of the least likely past sources, it was rated as one of the most preferred *future* providers of child development information.

SOURCES OF INFORMAL SUPPORT

The provision of information is a first step in providing the comprehensive support that parents of very young children need. Does anyone go beyond the provision of information and act on behalf or in cooperation with the young parents? The research studies in this report document actions by the family of origin, friends, and fathers or male partners.

Help should be moderate, not too much or too little.

Adolescent parents in southeastern Michigan were more likely to have a positive, "sharing" style of mother-child interaction if they had part-time help from grandparents and/or the baby's father, as Epstein opposed to having no help at all or full time help with child care. By contrast, a less desirable "directive" style of mother-child interaction was more frequent for those teenage mothers who did all their own child care without either part-time or full-time assistance. The researchers in this study conclude that too much or too little involvement with her baby may be problematic for the teenage parent. If she is too involved, the young mother may feel she has lost a sense of direction in her own life (she is not free to go to school or work) and may therefore be overly directive with her baby. On the other hand, if the teenage parent is not involved enought (leaves the baby always in the care of others while resuming her own life as though nothing had changed), she does not have the chance to develop a mutual interactive style with her infant.

A parallel finding was shown in research with 448 married and unmarried mothers in Milwaukee with children under three years of age. Grow The mothers in this group who received a high degree of familial support during the child's early infancy were likely to find child care arrangements difficult when the children were eighteen months old, as compared with mothers who received a lesser degree of familial support. This suggests that parental, especially grandparent, support may be offered generously at first, but in some cases slowly withdrawn just at a time when some of the most difficult caregiving occurs and when the mother would like to initiate some new activities outside the home for herself.

Early agency support for teens may encourage later family support.

Zitner In a reverse trend to the "withdrawal" of family support, the young mothers who had received prenatal and perinatal services from a Crittenton agency had, a year later, strong sources of informal family support. Over three quarters of these teen mothers were living with their family of origin a year after the birth of the baby, and half reported that their parents provided financial assistance and babysat for them. It is not certain whether or not these young women will continue to receive a moderate level of support that will help them into the transition to adulthood, but researchers of this study felt that the families of origin were providing much of what these young women needed at this particular point in their parenthood.

Teens are unrealistically hopeful about getting child care help.

Epstein Michigan teen parents were asked before their babies were born what type of child care arrangements they thought would be available later. About one quarter of the teens said that they expected to be the sole caregivers of their infants. In actuality about half turned out to be solely responsible. This was mainly due to the fact that fewer teenagers found their parents were forthcoming with the assistance they had expected. While researchers felt the family of origin was providing a helpful and substantial amount of support, it is apparent that the teens themselves entered parenthood expecting that grandparent support would be even greater than it was.

The young father gives less support than does the family of origin.

Epstein These same young Michigan mothers were more accurate in predicting whether teenage fathers would help with child care. Much less often did they expect or receive child care from the father. Thus, their plans were not based on an unrealistic expectation of this support.

Zitner A profile of father involvement is provided by reports of young mothers in four cities who have received Crittenton agency services. A year after the babies were born, almost one fourth of the young mothers were living with a husband or male partner and almost one half continued contact and received some financial assistance from the baby's father. The nature of the contact ranged from "seeing him at school" to "dating him" and included contacts centered on the child such as "visiting the baby and bringing him gifts."

The new mother may feel isolated from the support of friends.

Grow A consistent need, expressed over a three year period by one fifth of married and unmarried mothers studied in Milwaukee, was a desire to meet with other young mothers. This need for psychological support from peers in this fairly stable, white population was expressed more poignantly as a sense of isolation by younger teenage parents in several other studies. In a Boston research program, teens from several ethnic backgrounds whose children were under two years of age reported that, as new mothers, they had a lack of a friendship network. This made it difficult or impossible for them to set up child care cooperatives or other types of bartering arrangements which can help to stretch limited financial resources. The Boston researchers concluded that the absense of a network of friends contributed to the probability of child abuse and neglect, depression, suicide, and marital stress. A similar population of teenage clients at a New Haven health clinic were described as depressed and as having little or no involvement with school or peers. The New Haven clinic provided weekly visits in the homes in order to teach parenting skills. The researchers feel that perhaps because of the client's apathy, the homebound aspect of the program was attractive and successful - since it broke to some degree the isolation of the new mothers.

Cannon-Bonventre

Salguero

Teen mothers in another study reported more opportunities for seeing friends, usually other young mothers with babies, or peers without children. Most of these mothers (who had used Crittenton agency services intensively) were satisfied with the frequency of contact with friends which for most of them was at least once a week. While the researchers did not speculate on this possibility, it may be that these young mothers, most of whom were living in their home of origin, returned to pick up more or less the same friendships they had prior to pregnancy and the birth of their child. These young mothers may have been continuing their old life within the family of origin, maintaining social contacts that were satisfying but superficial as a resource for parenting.

Zitner

The transition from almost exclusive dependence upon family supports to a more balanced support from family, friends, and community is a change that may well require a long period for the adolescent mother. When this transition occurs forcibly and before the teenager has had time to mature personally, the results may be the sense of isolation and apathy that has been reported.

The type of informal support network makes a difference.

A study of 180 Atlanta teenagers revealed that the structure of the parent's network is related to infant development. A network which is highly dense and close-knit had a negative relationship. Having more females in the network was, on the other hand, a significant predictor of both the mental and physical development of the infant. For example, among the females interviewed, it was common practice for children to visit with the teenage mother's own mother,

Stevens

aunt, sister or girlfriend. The visits occurred with regularity and often lasted several days. Such arrangements provided for the infants, caregivers who were eager to interact with them and who valued the interchange. They provided for the teen mothers, helpers who shared the duties and responsibilities of childrearing. (In addition to the findings regarding support networks, the study also confirmed that the degree to which teen mothers were warm and verbally stimulating was an important variable in predicting infant development.)

These data provide evidence that certain types of social networks may be better informal supports for Black infant development, and for the teen mother. The young mother's ability to construct and maintain these networks seems predictive of her infant's development. Students of Black family life have long argued that multiple mothering is beneficial to the child. This idea receives some confirmation in the Atlanta study.

When informal supports are not available, formal supports are used.

Grow

A somewhat different support pattern was utilized by a group of slightly older mothers from a white, mid-western population. Married women in a Milwaukee study were likely to have more informal supports than unmarried women were; more likely to have someone to turn to with childrearing problems; and more likely to be helped by neighbors. A married woman was also more likely to be involved in organized social activities in her community. The unmarried mother, with fewer informal supports, was far more likely to use formal community resources.

SOURCES OF FORMAL SUPPORT

Beyond the information and help mothers get informally from family and friends, several studies looked at the availability of services provided on a more formal basis by the community (churches, social agencies, clinics, schools, day care services, etc.). Most researchers considered the use of such services as positive, mature behavior and therefore they looked for instances of awareness and utilization.

Early formal help may pay off later.

The Michigan study found that the longer teenagers had any prenatal program (either school- or clinic-based), the less likely they were to later use an unstimulating and non-talking style of caregiving with their babies. The investigators conclude that since it is reasonable that these prenatal adolescent programs focus first on the immediate need, i.e., pregnancy and child birth, and only secondarily on the parenting responsibilities which follow later, it is logical that only teenagers with prolonged program involvement will be exposed to this later area of childrearing information. Epstein

However, it may be the intensity of the formal service involvement that starts the mother on the road to a more active rather than passive role. For example, mothers involved with Crittenton agency services who had longer periods of early service at the agency used more support services subsequently. This pattern of subsequent use of formal support services was also true for Black mothers and better-educated mothers. Zitner

From a parent's point of view some services may not be "available".

In Boston, most of the teen mothers studied reported going to only one or two sources in seeking help for various problems. A few of the mothers did not go to anyone for help in spite of their reported need. The fairly small number of help sources used and the substantial number of women who sought no help bear out common observations by service providers, that teenage parents are sometimes apathetic or slow about seeking any assistance.

These teens, in contrast to the ones described earlier may have established a pattern of non-seeking of resources, especially after some initial failures to get help. The early establishment or a more adaptive pattern and the expectation that help will be forthcoming - coupled with the reality of available help - should be an important task of society.

Rodriguez

In the Puerto Rican study of parents with children under four years of age, certain areas of service were not used by parents. Although health services were generally used, in areas like counseling for families and children, more than 90% of families did not receive any type of help. A broader pattern of underutilization of community services was reported for Black parents in St. Louis. The services with the lowest usage rates were psychological services, family counseling, well-baby clinics, hospitals, and cultural and recreational services. The investigators conclude that these services were not being effectively extended to include Black families. The failure to make information and services available affects all parents but can have its heaviest impact on minorities.

Johnson

Young parents say "give us concrete help".

Cannon-Bonventre

People who become parents while still adolescent, going to school and living at home, face a special set of problems. A group of Boston teenage parents were clear about identifying need for help in such areas as financial aid, food, clothing, child care, health, job training and placement, and medical care. They had identified their needs very specifically and sought direct help in meeting those needs. Another study, in four cities, tried to quantify the needs for formal support one year after the child's birth. Financial and housing needs were the most frequently mentioned by about two fifths of the teenage parents. Child care and job-related needs were reported by more than one fourth. These problems and others, may at times be intense enough to eclipse the child development problems which may not seem too urgent by comparison.

Zitner

Early child care is the need mentioned in the largest number of studies.

Welcher
Epstein
Zitner

Salguero

Parents in many of the studies included in this report identified child care as a pressing concern. Researchers in a New Haven program attempted to coordinate health and parenting services offered teenage parents at a family health clinic which has clients from Black, Hispanic and white ethnic groups. These researchers identified the absence of day care facilities in the community as the major barrier to easy return to school, causing child care to remain the teenage mother's major concern. Investigators reported that young parents studied in the Boston area need dependable and acceptable child care for a variety of reasons while their children were infants; to complete their education and job training, to hold down jobs, to carry out life maintenance tasks such as errands, medical

Cannon-Bonventre

appointments, and the like; and simply to have a break from parenting for personal and other adult activities. In an ethnically heterogeneous study in the Los Angeles area, at least two thirds of the parents said they would take advantage of day care centers if these were available. Less than one fourth were current users, but those who were, most frequently mentioned staff training, competent care, and educational programs as the basic cause of their satisfaction with the day care services provided. When asked to characterize what they considered to be the ideal type of child care for working mothers, the predominant choice was that of day care centers - even though they were not commonly available. **Becerra**

Preventive health care is used more for mothers than for babies.

The study in the Los Angeles area included a variety of ethnic groups: Hispanic, Black, Chinese, and white. The majority of parents used preventive services such as Pap tests and prenatal care for their own health. Preventive care, in the form of immunizations and well-baby visits were not equally used for their child. Among all groups of parents there was a general lack of knowledge about the need for medical screening of young children and about its availability. The concept of taking a child who was not ill to the doctor seemed difficult for these low-income parents to comprehend. Cross-cultural differences appear to exist regarding attitudes toward preventive child health care. Mexican-American mothers were most likely to doubt the necessity for well-baby examinations, and to be unaware of facilities providing such services. Education, of course, appears to be a potent intervening factor: less educated parents, regardless of ethnicity, were more likely to dispute the value of well-child care. **Becerra**

Quality of service is not the only basis of choice.

Medical care for young children studied in Los Angeles was usually provided by private physicians, although not as frequently as was the case with adult care. The white and Chinese parents differentiated by the likelihood of the child's physician being a pediatrician. Whereas about three fourths of the white children went to a pediatrician for their regular care, only about half of the Chinese children received services from a pediatrician. Reasons given by parents for the selection of their child's physician seemed to explain this difference. The Chinese said that "recommendation by friends" and "language spoken" were the primary reasons for selecting the child's doctor but there were few, if any, Chinese pediatricians practicing in Chinatown. The white parents, on the other hand, said they selected their child's physician on the basis of their "own physician's recommendation" and for the "satisfaction with care" that they expected to receive from a chosen source. **Becerra**

Language can be a barrier to receiving needed services.

Becerra

When asked if they were aware of the location of free prenatal services, all ethnic groups had greater awareness than the Chinese parents. But the English-speaking Chinese were more knowledgeable than their non-English-speaking peers on this subject. While language clearly played a role in the parent's knowledge about the availability of prenatal services, it did not affect the parents recognition of the need for such services. While much fewer than half of the Chinese parents knew of the free or inexpensive services, 90% of the Chinese women sought prenatal care throughout their pregnancy from other health service providers (including herbalists). The researchers conclude that just as language has been shown to be a barrier to service for many other minority groups such as Hispanics, it is a significant deterant to the use of services for at least one of the large Oriental populations of Los Angeles.

Teens say that early parenthood lessens their ability to achieve educational and career goals.

Epstein

One fourth of the teens in southeastern Michigan's study spontaneously said that having the baby meant they needed to do more with their lives - finish school, and get good jobs. Before the baby was born, teens were optimistic about their chances of achieving something at school and/or work. However, after parenthood occurred this responsibility was seen as significantly lessening their ability to achieve these goals.

Cannon-Bonventre

For those teenagers in the Boston research, many young women and some young men found that becoming a parent before completing school and training often meant foregoing school all together, or at least for an interval of several years. Locating and affording child care were major obstacles for many. Conflict between the role of parent and student was difficult or impossible for some to cope with.

Epstein

Thus, in the area of education, a formal service which is supposed to be universally available was, in reality, sometimes out of reach. Those teens who are fortunate enough to be enrolled in a school-based program (which helped them deal with many of the related problems such as child care and transporation, welfare services, etc.) gave praise to the programs.

PARENT INFORMATION AND SUPPORT IN FIVE DEMONSTRATION PROJECTS

Five ACYF intervention projects demonstrated various forms of service to parents. Each one tried to improve the level of parent knowledge. The projects were of three types: two provided group training through classes in parenting; one coordinated existing services and attempted to make sure information was readily available; and two provided focused support in the form of day care, job training, or home visitation. From the positive results of each of these approaches it is apparent that each is appropriate for certain parent clients. Clearly, many options exist in addition to the ones presented here and in many cases hybrid approaches would be the most desirable, depending on local conditions. In the following descriptions, the demonstration projects reveal an array of options from which local service providers might build their own strategies for providing information and other forms of support to parents.

Group training is an attractive forum for gaining information.

The St. Louis project provided training to 98 Black parents in ten group sessions over a period of five weeks. Three curriculum Johnson training models to provide the parents with childrearing and child development information from three different perspectives were developed. The three models were a traditional white approach, an intermediate approach, and a Black cultural approach. Each presented a unified conceptual basis for dealing with various facets of child development. The researchers hypothesized that training based on the Black cultural experience would yield significantly different results than training based on traditional white, middle-class parental training philosophies and programs. (At the time of this report, analyses were not yet complete comparing the outcomes from the three approaches.)

Evidence from the parents' evaluation of the experience showed they gave very positive response to the training regardless of its philosophical orientation. Each of the models had two delivery approaches; one used the lecture method as the primary approach, and the other used some lecturing with greater emphasis on discussion, participation, and audiovisual aids. Topics such as "Development of Black self-concept", "Development of the child's cognitive abilities", "Building of Black nationhood concept" were included. The positive evaluation which parents gave and their generally expressed interest in continuing even after the ten sessions had ended gives some confidence that parents enjoy learning in a group setting and appreciate the opportunity to hear a well-organized presentation of resource information from a sympathetic group leader. Of the various demonstrations, this was the only one that concerned itself with parents regardless of age. It occurred in a centralized community conference facility and did not depend on the availability of a school or clinic site.

Welcher

The Baltimore demonstration, using group meetings in a health clinic setting, timed the five group sessions in the first year of the child's life to coincide with well-child visits to the health clinic. Three meetings in the second year were timed also to visits to the clinic. Thus, the strategy for this demonstration was to spread out the group training sessions in order to key them to development and the changes that were happening in the life of the young mother's first child.

The small group sessions were led by an educator and included up to eight mothers with their babies. Values clarification and the group process were important ingredients of the program, with young mothers discussing the topics and often exerting considerable peer pressure. Role playing was practiced on occasion. Sessions lasted approximately 45 minutes. Where appropriate, the babies helped in the demonstration of particular behaviors. The young mothers obviously enjoyed these sessions and had to be pursuaded to move out of the room when the session was over. The mothers' knowledge was tested and scores were classified in three levels: least knowledgeable, moderately knowledgeable, and most knowledgeable. As the program progressed, greater proportions of the mothers moved into the category described as most knowledgeable. This was true for all subject areas, but not equally so. (For example, improvement in child development knowledge were considerably greater than improvement of knowledge of basic child care.)

Programs in both Baltimore and St. Louis had as an objective the development of new curriculum materials which, when completed, may act as a stimulus or resource to efforts in other locations. Group sessions, especially where there is opportunity for peer interaction, appear to hold promise as a forum for gaining knowledge needed for parenthood.

Information flow can be improved through coordination of services.

Salguero

One project provided some group training sessions, but beyond this, had as a major goal the coordination of services offered at a family-oriented health center in New Haven to meet the needs of the community's sexually active adolescent, the pregnant teenager, and the mother and child after birth. This strategy involved the project in wide-ranging activities. In order to attempt to reduce the incidence of adolescent pregnancy, information was delivered about health and human sexuality through pamphlets, a newspaper written by adolescents, health fairs and individual counseling.

In another major effort of coordination, the project entered into a consortium of agencies which included the local high school. The goal was to maintain the health and continuing education of pregnant teenagers. The cooperating agencies worked to prevent adolescents from dropping out of school and to facilitate their return after delivery. The ACYF project provided workshops for the high school faculty to help them be more sensitive to the problems the adolescents encounter.

To personalize the coordination of services, a Primary Worker was assigned to each adolescent client at the time of the pregnancy test. The Primary Worker was central to the delivery of mental health-oriented services for adolescent mothers. The Workers insured coordination of services with follow up and outreach if a breakdown occurred. The Primary Worker was advocate for the adolescent both within the Health Center's system and in the larger community. The investigators in this project feel strongly that services should continue over a sufficient period of time to help the adolescent deal with many of the major transitions that inevitably occur in the first several years of parenthood. As a part of the total package of services, they have provided an infant stimulation program for the parent and child until the child is three and a half years old.

When professionals attempt to keep in mind the total support needs of young parents, they soon find themselves attempting to fill gaps in service that pose major problems for the young parent. The New Haven project is concerned about the problems caused by one such obvious lack, infant day care, and is attempting to find a way to provide this service. This is the kind of service that can be difficult to provide but that professionals concerned with coordination and comprehensiveness feel is essential to the total picture.

Focused support and information delivery can produce measureable results.

Two studies conducted by investigators in the Miami area used the strategy of focusing on a few key elements rather than the coordination of all needed service resources. The first (designed to provide parent training intervention to a group of 150 preterm infants and their teenage mothers) focused on the direct, one-to-one teaching of the mother in her home. In effect, this strategy assumes that the mother-child relationship is the best point for effective intervention. The second study chose to focus on day care for the infant and job training for the mother as a potentially productive combination of intervention efforts. Both of these demonstrations were carried out with sophisticated research designs and extensive assessments. Field

The biweekly, home-based, parent training intervention was provided for a group of prematurely born infants and their teenage mothers. After school visits were designed to educate the mother through information on developmental milestones, childrearing practices, exercises and age-appropriate stimulation. The stimulation activities focused on the child's sensory motor development and on mother-infant interactions. The mothers were trained to perform the exercises with their infants and were requested to practice these daily and record the time of each practice session. Toys were provided as incentives to the mothers of the intervention group.

Measurements taken at several points in time showed a significant advantage for the mothers and infants who had received this focused and relatively inexpensive intervention. At four months the teenage mothers who had been visited were more knowledgeable about developmental milestones, and showed more desirable and less punitive childrearing attitudes. Their infants had greater weight and length than did the preterm control infants. When observed together, the visited teenage mothers and infants received more optimal face-to-face interaction ratings than did the control group teenage mothers and preterm infants. At 12 months the preterm infants of the teenage mothers receiving the intervention achieved significantly higher Bayley mental scores than did the control group. The visited mothers talked to their babies more frequently during floor play interaction and they, in turn, vocalized and played more than the preterm infants of the control group.

Field

In another Miami study this same type of home visit program was compared with an entirely different intervention strategy. The new strategy consisted of providing day care for infants in conjunction with job training for the mothers. This approach was slightly broader than the first, but still could be considered focused on what the researchers felt were the key problems faced by these young mothers. They chose this new strategy because of some of the maternal coping difficulties noted in the first program; the failure of mothers to return to school or seek job training, and the continuing poor financial status of the teenage mothers.

In response to these problems, the second program organized free nursery care for the infants and paid job training for the mothers as teacher-aide trainees in the same nursery. The researchers hoped that the program would impact on the mothers' socioeconomic status by giving the mother financial support, job training and incentives to return to school or seek postschool employment. As the same time, the program provided a stimulating place to leave their infants while in school or at work, education in early childrearing, and additional time and experience with their own and other infants. This program provided (as a part of the aide training) the same information on infant stimulation, developmental milestones and childrearing attitudes as had been offered in the home-based intervention.

At the time of this report, this project had not reached a point of final analysis, but the preliminary results at four months showed positive effects of the day care plus job training program over the control program.

These Miami projects demonstrate the wisdom of making a judgment on where the greatest payoff is likely to occur and then focusing service efforts in those areas. The perennial scarcity of funds makes this an attractive strategy. The cleanness of design and elegance of methodology in these two studies enabled the researchers to demonstrate the effects of their intervention. Comparable effects may have been present in some of the other projects, but may not have been detected because of the procedures used. In total, these five demonstration projects provided procedures, curricula, and demonstration useful to those who in the future will take some action on behalf of parents.

Information products are needed.

A number of the reported projects produced materials for use in their own programs, for the most part assessment or survey instruments, and in one program a set of culturally sensitive child development norms. In four of the demonstration projects materials were also designed for transmitting information directly to parents. These quite varied materials include a manual for the teaching of a model parent education curriculum for Black parents; an educational curriculum for use with school-aged mothers in the prenatal and perinatal periods; a set of information cards and toys designed for home visit education programs; brochures and a newspaper as vehicles with special appeal for the delivery of health information to teens.

Some of these materials are presently available and others, still in draft form, are being distributed on an individual request basis as shown.

Currently Available

* Manual of Black Parenting Education - a text for use by parenting educators, other professionals, and lay persons for development of a culturally sensitive and relevant education program for Black parents

Projected cost: $10.00, plus handling
Available in summer of 1980 from:

Robert C. Johnson, Ph.D.
Institute of Black Studies
6372 - 6376 Delmar Blvd.
St. Louis, Missouri 63130

* TAPPP Kit - 11 brochures for teens; dealing with human sexuality, contraception, the pill, menstrual cycle, etc.

Cost: $5.00/kit

* Teens Cool Out - a newspaper for, about and by teens; dealing with a wide range of health issues, sexuality, and teen problems

Cost: $ .50/single sample issue; $2.00/subscription
Kit and newspaper available from:

Carlos Salguero, M.D.
Hill Health Center
130 Davenport Avenue
New Haven, CT 06519

In Preparation

* Exercises for Stimulating and Interacting with Infants - information cards to improve infant motor skills and mother-child interaction; photographically illustrated; to be used with homemade toys; in preparation

For information about cost and availability write to:

Tiffany Field, Ph.D.
Mailman Center
University of Miami Medical School
P. O. Box 52006, Biscayne Annex
Miami, Florida 33152

* Educational Curriculum for School-age Parents - a text on helping adolescent parents cope; units on sexuality of teen parents, peer and mutual support, family planning, father responsibilities, etc.; fifth grade reading level; accompanied by six booklets on safety, infant health and development in the first year; in preparation

For information about cost and availability write to:

Doris Welcher and Rosalie Streett
Child Growth and Development Clinic
Johns Hopkins University
405 North Caroline Street
Baltimore, Maryland 21231

INFORMATION NEEDS CHANGE

One potential contribution of the 15 studies is the creation of a mosaic which shows some of the variation in parent information needs. One important variation is that which the passage of time produces. The tasks faced by a parent of a toddler are not at all those that were faced when the child was a newborn. Information needs change as the tasks of parenthood change. The table entitled "Developmental Tasks, Needs, and Crises of Young Parents" (which incorporates results from half the studies) provides a brief summary of some of the major time-related events of parenthood. These events are particularly important to teenage parents and to other young parents of limited educational background and financial means.

As was documented by several researchers, parents' needs increase dramatically after the birth of the child - the end of the pregnancy does not signal the end of their needs. Many services of information and support to teenagers are typically concentrated on pregnancy and the early postpartum period, leaving most young parents without support about six weeks after birth. However, researchers who had continuing contact with adolescent parents were convinced that new needs cropped up after the initial ones were met. It is neither surprising nor unusual that these new needs occurred - they are simply the reflection of life as it presents new challenges with the passing of time. It was clear to those researchers who observed carefully and felt deeply for these young parents that time was needed for maturing. Even though they have become parents, these young people have growing of their own to do and must reach maturity and financial independence before it is reasonable to expect their problems to diminish.

Cannon-Bonventre

Epstein

How long must teenage parents be provided with significant support services? One researcher believes that programs must continue at least two years after the birth of the child. His observation suggests that after the young child begins to develop autonomy, resentful feelings occur in the mother and these need to be worked through before the mother is left on her own. Another researcher found that when children were three years of age married and unmarried mothers who were living without a spouse or male partner were equal in satisfaction or contentment in their life situation to those who had this potential support. (Mothers who did not have the support of a male partner were at something of a disadvantage and were less satisfied at earlier points in time.) Another possible consideration

Salguero

Grow

DEVELOPMENTAL TASKS, NEEDS, AND CRISES OF YOUNG PARENTS

Prenatal —— Birth —— 12 months —— 24 months —— 36 months

At the time of a negative pregnancy test an important educational opportunity may exist (Salguero)

The longer that teenagers are in any prenatal program the less likely they are to be non-talkers with their babies. (Epstein)

Younger mothers are especially concerned with these problems:

- - - - - - -

- I wonder when I should call the doctor
- I wonder what my baby wants when he is crying
- I wonder if I'm spoiling my baby
- I worry that my child will get hurt around the house
- I wish my husband would take more interest in our children

(Sparling)

When their children are 18 months, unmarried mothers express more need for financial help, infant day care, counseling, and job training. (Grow)

Adolescent mothers need someone to help them "negotiate the system". Short term dependency on another adult may be the teenager's best chance of long-term independence. (Epstein)

Between 18 months and three years there is a large increase in the use of formal community resources - especially social agencies, lawyers, and public health nurses. (Grow)

Most service programs are about six weeks after birth; many claiming follow-up are only statistical checks. (Cannon-Bonventre)

One of the most important services for teen parents to locate is infant and child care. (Cannon-Bonventre) The lack of Day Care is a major barrier in returning to school. (Salguero)

The topic of "promoting Infant Learning and Development" is of interest to mothers when the first child is less than one year old - the information is of no help later on. (Sparling)

These topics interest younger mothers more than older mothers:

- - - - - - - -

- Techniques for the baby's bath
- Caring for the premature baby
- When is your infant ready for a baby-sitter?
- Raising a family as a single parent

(Sparling)

These problems concern slightly older mothers - especially about the time the child is two years old:

- - - - - - - - - -

- I'm having trouble getting my child to respond to toilet training
- Help brothers and sisters get along with each other
- My child resists what I ask her to do
- I wish I had more time for myself

(Sparling)

Service needs change over time. Early on, medical service and education are appropriate, but these are no longer adequate when the young parents' needs turn to recreation, housing, peer group support, etc. (Hayden)

Two critical times exist for intervention:

1) Shortly after birth -
   - mother must be aware infant is capable of reciprocal relationship
   - mother must be aware of issues of separation, clinging, and curiosity

2) During the second year -
   - mother must be aware of issues involving exploration and mastery of environment; separation, individualization, and socialization.

(Egeland)

Family planning and contraception is an initial and major concern, but with knowledge mothers begin to direct their attention to other matters. (Welcher)

Family help (from relatives) may decrease about the time the child becomes an active toddler. (Epstein) in the length of support programs for adolescent parents is the availability of many community services for which the child becomes eligible at around three or four years of age. These services include federally supported programs such as Headstart.

Whatever the criteria used in deciding when programs can safely be phased out, there is clear concensus that at the present time most adolescent parents face a very serious and debilitating service void. This lack of available service occurs shortly after the birth of the child and continues until the adolescent has accomplished the unfinished tasks of education and/or job training - and has weathered the child's transition from infancy into the mid-preschool period.

RECOMMENDATIONS

The recommendations derived from the studies included in this paper are organized around four broad areas. A variety of actions are related to each area (and are summarized in the table entitled "Basic Areas and Recommended Approaches"). In the following narrative, the recommended approaches for each area are introduced with a broad question which has timely policy implications.

A. FAMILY How does the family screen or enhance information?

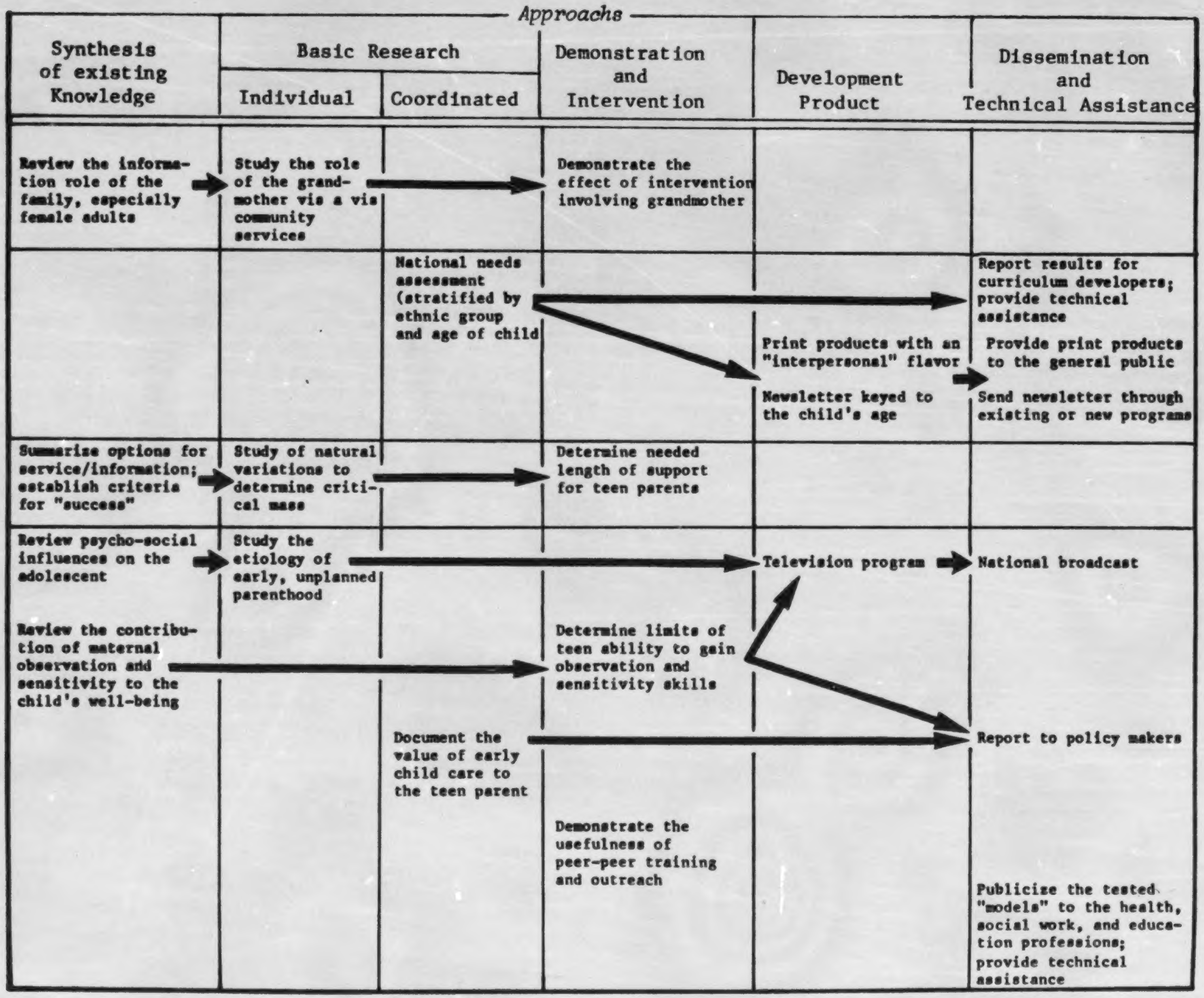
It is clear that information, once it is "broadcast" does not always fall on receptive ears. Thus, provision of information is not enough, we must be aware of the various hurdles this information must clear and the various gates it must go through. Any agency which wishes to encourage the dissemination of helpful information to parents must understand more fully why information does or does not flow. The research studies of this present report strongly implicate the family of the target parent as major actors in screening or enhancing information and services. A series of three approaches (synthesis, individual research, and intervention) are recommended in response to this question.

1. *A systhesis of existing knowledge is needed which would review the information role of family members, especially the adult females.* Teenage parents appear to suffer or benefit from the absence or presence of a support network involving a high proportion of women. The role of information, as one element of family support, needs to be clarified within the limits of the existing literature.

2. *A well-designed individual research project is needed to clarify the informational role of the grandmother.* The grandmother is identified in many of the studies summarized in the present paper as a central figure in the information use and community service use of the young parent. This influence is cited sometimes as positive and sometimes as negative. Since it is not clear how the grandmother exerts her pervasive influence, a research study, perhaps using anthropological techniques, seems to be indicated.

3. *Provide an intervention which demonstrates the effect of involving the grandmother.* Many of the current intervention projects comment on the desirability and the likely payoff of involving the grandmother or

BASIC AREAS AND RECOMMENDED APPROACHES



Basic Areas of Study	Synthesis of existing Knowledge	Basic Research — Individual	Basic Research — Coordinated	Demonstration and Intervention	Development Product	Dissemination and Technical Assistance
A. FAMILY	**Review the information role of the family, especially female adults**	**Study the role of the grandmother vis a vis community services**		**Demonstrate the effect of intervention involving grandmother**		
B. CONTENT			**National needs assessment (stratified by ethnic group and age of child**		**Print products with an "interpersonal" flavor** **Newsletter keyed to the child's age**	**Report results for curriculum developers; provide technical assistance** **Provide print products to the general public** **Send newsletter through existing or new programs**
C. AMOUNT	**Summarize options for service/information; establish criteria for "success"**	**Study of natural variations to determine critical mass**		**Determine needed length of support for teen parents**		
D. TEENS	**Review psycho-social influences on the adolescent**	**Study the etiology of early, unplanned parenthood**			**Television program**	**National broadcast**
	Review the contribution of maternal observation and sensitivity to the child's well-being			**Determine limits of teen ability to gain observation and sensitivity skills**		
			Document the value of early child care to the teen parent			**Report to policy makers**
				Demonstrate the usefulness of peer-peer training and outreach		**Publicize the tested "models" to the health, social work, and education professions; provide technical assistance**

other family members. However this family involvement has not been a major, evaluated strategy of the demonstrations. Researchers observe that many service programs seem to bypass the existing intergenerational system rather than to support it. A well-documented intervention such as the one suggested could provide new insights for service providers and could clarify the critical interaction of information and people.

B. CONTENT What information shall receive general or specialized dissemination?

Since information and other services are necessarily finite, a reliable guide is needed for establishing content priorities. Realistic goals are needed that can be achieved within the limits of resources and time. The present synthesis paper and the 15 original reports provide important guidance in this area. Individual results and the mosaic of the whole can be used immediately for many curriculum development and service projects. However, the great variation of methodologies among the studies leaves gaps that can be filled only by a more coordinated effort. For that reason, recommendations related to this question include a two-phase national needs assessment and several activities that build on the needs assessment.

1. *A coordinated research effort to produce a single national information needs assessment is needed.* This project should be logically contacted in two phases: a) design and instrument development, and b) implementation. The first phase could build on the strong leads developed in previously funded information projects and could revise and consolidate some of the instruments from these earlier research studies. This might be done at a single research site guided by a national advisory committee. The second phase would be carried out by a number of geographically dispersed researchers. The sample to be drawn should vary by age of mother and child as well as by ethnic group so that both commonality and variation could be described in the results. Existing ACYF research has focused on child development information needs; this focus could usefully be expanded in a national needs assesment to include the broader scope of information defined in the concept of "parenting needs."

2. *A guidebook of results of the national needs assessment, specifically designed for curriculum developers, should be commissioned.* Communication to curriculum developers and program developers is often taken for granted, but in this important instance should be carried out with great care. This product should be in addition to the usual project report. ACYF could further assure the field use of these important results by providing technical assistance to curriculum developers interested in producing information products for parents.

3. *Develop a cluster of information print products with a "interpersonal" flavor.* Many products will be suggested by the national needs assessment, but a first group of these might be immediately commissioned by ACYF. To the degree that these new products reflect the needs of the 1980s, they might perform the function of some of the earlier, immensely popular Children's Bureau publications. Current research has shown that parents

appreciate communication through other trusted persons and that they continue to respect print materials. Thus the new print items should attempt to "speak" through the voices of certain trusted individuals, such as: "Teens speak to teens", "Doctors talk about child development", "Parents talk about how they solve family problems."

4. *Develop a parent newsletter keyed to the child's age.* Information needs change dramatically as the tasks of parenting change. A newsletter timed to the age of the first child in the family would guarantee that information would be timely, and that parents would not be burdened with content outside their area of concern. The importance of "readiness" for information seems to be a significant finding of studies in the present report. A newsletter's usefulness to future needs assessment research should not be overlooked. The newsletter itself, or the mailing list, provides ideal entree to a population that can periodically give useful feedback and updating to ACYF and to local agencies.

5. *Provide print products to the general public through government printing.* The previous low-cost availability of useful print products is a dissemination strategy which bears repeating.

6. *Disseminate the newsletter through existing and new programs.* Consider the possible future dissemination directly to individual parents. However, many service programs could provide a central point from which newsletters could be mailed or disseminated. This might build a stronger, more positive link between a local resource agency and the individual parent.

C. AMOUNT How much information or service is enough?

When information is used, along with other services, as a substantial intervention to help families with significant or persistant problems, the question of an end-point arises. The desire of the service provider is to provide enough support, but not to overwhelm the parent or family. This latter course (service overkill) has the potential for creating dependency and of wasting society's resources. Currently, the amount of service is determined by "professional judgment" rather than by any empirically derived guidelines. Recommended activities related to this basic area would provide some progress toward generating needed guidelines.

1. *Existing literature and professional opinion should be synthesized: a) to produce options for various combinations of service and information and b) to establish criteria for "success" for information delivery and other services.* These definitions are crucial to the research which is suggested in the following paragraphs. The definitions depend to a substantial degree on professional consensus.

2. *Study naturally existing variations to determine the effective "critical mass" of services and information.* A possible research strategy would be to study families who are on the borderline of successful family functioning. By identifying those who make it and those who don't, and by studying the natural variation of amount and duration of

information and supports available to these families, a meaningful definition for critical mass may be derived. A carefully constructed study of this sort might go beyond the basic issue of "total amount and duration necessary" to important questions of how generalization or the learning of processes contribute to the critical mass of information and support.

3. *Through an intervention which varies the length of treatment, demonstrate the needed length of support for adolescent parents.* Most previous interveners have suggested that current programs are too brief. It seems likely that the adolescent parent represents a special case and will not be fully described in the "critical mass" study. Natural variation in that study may not have enough spread to reveal the optimal length of support. Thus an intervention with planned variation in the length of service provided to randomly assigned subjects is called for.

D. TEENS How shall special needs of adolescent parents be met?

Adolescent or teen parents have been included at a number of points in the research approaches suggested for the previous three questions. However this vulnerable population is of sufficient social concern to warrant a special effort on its behalf. The research effort would range from synthesis of existing knowledge to dissemination of results.

1. *The literature on psycho-social influences on teenagers should be reviewed and succinctly summarized for the use of researchers and service providers concerned with this population.* A general understanding of adolescence may be a missing element in the efforts of some researchers and service providers to understand the reproductive and parenting behavior of teenagers.

2. *A basic individual research project should be carried out to clarify the etiology of early, unplanned parenthood.* Based on the projects summarized in the present paper, it appears that most researchers and service providers have little if any understanding of the "why" behind the dramatic increase in adolescent childbearing and childrearing. Teenagers who report that they are not planning for parenthood yet use none of the three major decision points to opt out of parenthood (birth control, abortion, release for adoption) constitute a sharply increasing subgroup of youth. They are in fact parents but have gone through none of the usual preparation and conscious accumulation of information and resources for parenthood. This research would probably involve survey methodology using a two-stage convergency technique. The descriptive results would be of use to many programs including the one recommended in the following item.

3. *Develop and disseminate a television program which would report the results of the etiology of unplanned parenthood study.* Recent prime time television shows such as "Guess Who's Having a Baby" report the fact of adolescent pregnancy with no substantial insight into the why.

Such insight is needed and should be shared with the general public. This program could incorporate also the results of the following two research activities which have to do with possible limits on teen parenting ability.

4. *Review the literature describing the contribution of maternal observation and maternal sensitivity to child well-being.* There are suggestions in the studies of this present report that some basic maternal mechanism roughly described as "observation-sensitivity" is correlated positively with age and may not function adequately below some minimum age.

5. *Determine, through a demonstration project, the limits of teen ability to gain observation and sensitively skills.* A few intervention projects have had the training of observational skills as an objective, but the focus has not been on teen parents. This recommended study should involve the entire range of teen parents, especially the youngest, so that if a critical age exists such that the egocentrism of the teen interferes with her maternal tasks, that age can be identified.

6. *A coordinated basic research study should be mounted to document the value of early child care to teen parents.* Research projects in the present report have identified the absence of reliable infant care as a major stumbling block which keeps adolescent parents from completing some of their maturational tasks. Various other studies report a significant impact on the schooling, economic power, and mental health of adolescent parents. The level of confidence in these scattered findings could be raised considerably by a coordinated, naturalistic data collection in several locations of the nation. This study (or coordinated set of studies) would document various outcomes for adolescent parents who did or did not receive adequate early assistance in child care. One of the possible complications of this study may be that in typical situations a very small porportion of adolescent parents may receive enough outside child care help to enable them to reach their maximum potential as young adults. If this is in fact the case, an intervention study with specified levels of care may be the only alternative for exploring this area. (This study relates also to recommendation C-3.)

7. *Report the results of the contribution of early child care study to policy makers at various governmental levels.* Policy makers ask and have a right to receive information which documents the likely outcome of various social programs. While many people will continue to advocate for early child care because of its face validity, an empirical base would be an important contribution to the policy process.

8. *Demonstrate peer-peer training and outreach as a central theme of an intervention project with adolescents.* A number of the studies of this report highlight the isolation and need for peer support felt by very young parents. This, combined with the interpersonal quality valued in most information transactions, suggests that youth who are

already involved in informational or intervention programs may be the best link with new or additional teenagers. The "each one teach one" procedure has worked in other instances and may have strength in the areas of reproduction control and/or parent education.

9. *Publicize the ACYF "tested models" to health, social work, and education professions.* The various intervention projects described in this report, as well as other tested procedures, could be written up as "models" for replication or local application. (Most are not fully-validated models, but would serve a useful purpose to local communities attempting to explore an area new to them.) Special effort should be made to contact the health profession (especially nurses, public health professionals, family nurse practitioners, pediatricians) and to alert them to the Salguero and Welcher models which emphasize delivered through clinic locations. Technical assistance from the original grantee could under contract be supplied to those who are attempting to replicate a model.

Each of these approaches is seen as a series of activities, one building on the other, in an attempt to clarify the central question and bring it closer to resolution. In every instance, dissemination of results is implied. The detailed examples of dissemination represent instances in which some effort different from the ordinary is suggested.

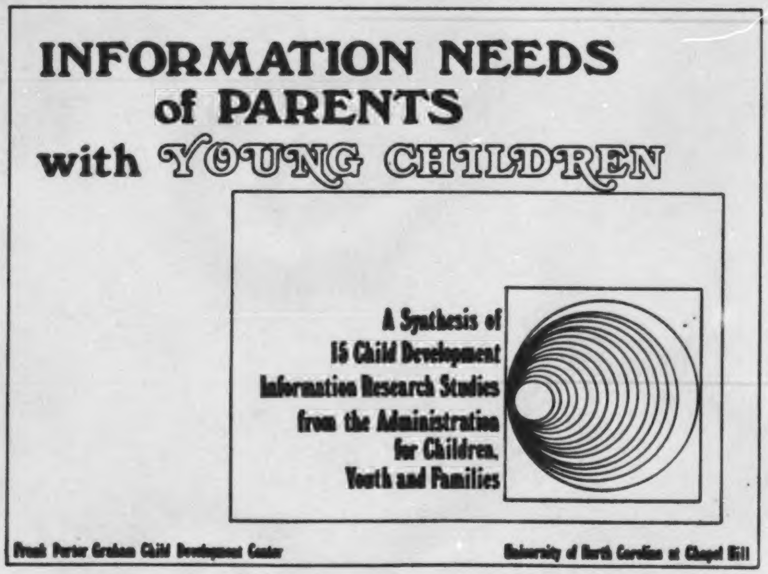
THE IMPORTANCE OF INFORMATION

Information can play an important role in the area of human services. First, it is inexpensive compared to other services. Large numbers of parents can be reached through information that can be repeated many times. Second, information is flexible, fitting itself to alternate channels of transmission. It can be delivered redundantly to increase its effectiveness. For example, personal delivery of information to parents may be repeated and supplemented through print or electronic media.

A third important feature of information is that it preserves the autonomy of the receiver. Information is not coercive — it can be ignored or heeded. And the best types of information provide alternatives to be considered. In contrast to some other forms of social services, information may be used before problems occur. Thus, it can be thought of as a preventive service. Finally, information can be used as a viable and compatible element in a total program of family services. It usually does not (and it should not attempt to) stand alone, but it is a strong team player.

The child development information needs of families deserve attention from society. These needs are not a deficit to be erased, but an essential and positive manifestation of parental growth. Investments in parental information are passed on as benefits to children.

ABSTRACTS



INFORMATION NEEDS
of PARENTS
with YOUNG CHILDREN

A Synthesis of
15 Child Development
Information Research Studies
from the Administration
for Children,
Youth and Families

Frank Porter Graham Child Development Center

University of North Carolina at Chapel Hill

ABSTRACTS OF INDIVIDUAL PROJECTS

Isabelle Lewis, Editor

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Information Needs of Low Income Minority Parents With Young Children[1]

Rosina Becerra and Jeanne Giovannoni
The University of California at Los Angeles

ABSTRACT

The overall goal of this proposed research was to explore what parents of low income and minority status know about health and child care services available to their young children, what services they use and why, and what attitudes are important in making service selection. Specifically, the research was designed to answer the following questions: 1) What are the characteristics of households with at least one child under three years of age? 2) What types of health care and child care are used? 3) Under what circumstances is service sought? 4) How do families find out about the availability of services? 5) What are parent preferences for different types of services in these areas? 6) What is the role of ethnicity/race status in service selection? and 7) What are the factors that facilitate or inhibit parental use of service selection?

The samples were drawn from four low-income housing sites in San Pedro, California, (N=451), and from the downtown area of Los Angeles known as Chinatown, (N=111). All parents surveyed had at least one child under three years of age. The parents from the housing sites were age 15 to 46 years, and were of several ethnic backgrounds: site one was 99.2% Black; site two was 95.7% Mexican-American; site three was 77.8% Anglo; and site four was 45% Anglo and 27.4% each Black and Mexican-American. The low-income Asian parents were almost all (98.2%) born in China, or another Asian country, and on the average had lived in this country for only 5.2 years. Questionnaires were administered in either Spanish, English, or Chinese to correspond to each respondent's preferred language.

The specific needs, and service utilization patterns of the parents were determined for both child health and child care. As a group, most residents at all four sites viewed their health and their child's health as "good" or "excellent", as did 68% of the Chinese-American sample. While there exists this positive perception towards health status, it is alarming that there were 10% of the children in each housing complex that were viewed as having "fair" or "poor" health. Preventive care in the form of shots and of well-baby visits was not equally used. While at least 88% of all children studied had received some immunizations, less than a third of the youngsters had ever had a well-baby visit. The concept of taking a child to the doctor when he was not ill was difficult for these parents to understand. Regular medical care for very young children was provided 39% of the time by private physicians for the housing resident parents and 80% of the time for the Chinese-Americans; 48% of all well-baby visits were provided through the health department, while city hospitals or clinics were treatment sites for 24.5% of the youngsters.

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[1] Funded in part by ACYF Grant #90-C-1272.

Data from this study pointed out that lack of knowledge about the availability of services rather than ignorance about health care hampers a population of non-English-speaking Americans in their use of medical services. They further indicated that differences between white and Chinese, for example, in knowledge and in the use of health services can be explained primarily by cultural differences. Also, non-English-speaking persons were less likely to be in occupations that provide group health plans. Thus, skill in the use of the English language appeared to be a major predictor of the probability of access to and use of medical services. Specifically, 92% of the non-English-speaking Chinese felt that their lack of skill in English had prevented them from receiving the kind of health care they needed.

Day care resources were applied differentially, according to the needs and attitudes of the parent. If care was needed for long periods of time, children were usually supervised by a relative or a spouse. The ideal care mentioned was day care centers, two thirds of the respondents naming availability of a trained staff and reliably competent care as reasons for the choice. Only 20% of all respondents were current users. Of these, 39% mentioned staff training and competent care and 25.5% mentioned educational programs offered as the basic cause for their satisfaction. Nonutilizers, on the other hand, were most likely to cite the child's young age as the primary reason for not using the programs. For shorter periods of time, relative-provided supervision was also the most used form of child care.

A substudy of teenage parents revealed that ethnicity was a recurring factor in their health care behavior. Attitudes, knowledge and utilization of health services all showed the influence of this factor more than any other. On the other hand, education was found to impact primarily upon knowledge and preventive care use. Age emerged as a factor in utilization principally in two areas: use of lay care, and sources of information. As a whole, teenage mothers were less likely to use lay treatment and more likely to rely upon relatives as information resources than non-teenage mothers.

project began: 10/77
final report: 6/80

The Ecology of Help-Seeking Behavior Among Adolescent Parents[1]

Kristina Cannon-Bonventre and Janet Kahn
American Institutes for Research

ABSTRACT

This project was undertaken to study the help-seeking behavior of adolescents in their role as parents. Emphasis was placed on the social networks and environments in which these young parents live, so as to understand the overall ecology of their help-seeking behavior.

The 91 young mothers and 20 fathers who, with representatives of 22 service agencies, composed the sample for this study live in the greater Boston area. The mothers gave birth during the 1976-1978 period, were between 16 and 19 years old at the time of delivery and most reported being married. The sample was composed of 18 Black women, 20 Hispanic women and 53 white women. The Boston sample has similar life situations (such as educational level, income, etc.) to teenage parents in the United States. Major areas of inquiry were: 1) teenage parents' definition of problems and of acceptable sources and forms of help; 2) their experiences with different components of their helping networks, especially with formal agencies; and 3) ways in which service providers may improve the sensitivity and responsiveness of their services to teenage parents' special needs.

Data were collected by means of interviews, averaging one and a half hours, with young mothers, fathers, and service providers. Some forced-choice questions and some short open-ended questions were asked, and one or two critical incidents of problem definition, help-seeking behavior and problem resolution were explored. Further comparisons were made between parents' and providers' outlooks on teenage parenthood.

The results show the teen parents' helping network was usually rather small and consisted of family and agencies, with a notable absence of friends and peers. There was a heavy reliance upon family for concrete and emotional help, for lay referral, and for advocacy. Mothers (the grandmother of the child) and sisters were most frequently sought out for help and advice. Help seeking outside the family network was often tentative and not tenacious. Family was the most preferred source of help for problems in the areas of child care, psychological and mental health, finances, child discipline, and marital problems. In addition, family members very frequently acted as lay referral sources with regard to virtually all problem situations. The absence or rarity of friends in the helping network appears to be the results of two factors: 1) old friends who have not become parents are no longer peers; and 2) mothers find it very difficult to link up with new friends whom they consider peers. Agencies were named most often as the preferred source of help for problems in special areas such as education, health care, housing, and employment.

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[1] Funded in part by ACYF Grant #90-C-1342.

When asked which programs and assistance they desired, teen-age parents named child care (particularly for children under three) and support groups/recreational activities (to combat loneliness and isolation) most frequently by far. Continuation of education and employment are almost entirely contingent upon finding appropriate, secure, and affordable infant and child care.

The researchers feel that the results gathered from the agencies interviewed present a more positive picture of services for young parents than the situation really warrants. First, the definitions used for some of these categories were fairly lenient and do not reflect aspects such as eligibility and second, they do not reflect the fact that services that are available are not necessarily available to everyone who needs them.

Providers were able to identify a number of critical services which are currently unavailable to most young parents in the Boston area, including the basic necessities of food, clothing, and shelter.

project began: 10/77
final report: 1/79

The Effects of Prenatal Knowledge and Expectations in the Development of Child Competence[1]

Byron Egeland, Mary Breitenbucher and Amos Deinard
University of Minnesota

ABSTRACT

The purpose of this investigation was to determine if parental knowledge, expectations, and understanding of children affect the quality of care the parents provide and, subsequently, the child's development.

The total sample, consisting of 267 mother-infant pairs was recruited from the Minneapolis Public Health Infant and Child Care Clinic, whose clients are families from the lower income brackets whose children are considered "at-risk" for child abuse and neglect. The mothers, 62% of whom were single at the time of this first baby's birth, had a mean age of 20.52 years and a somewhat heterogenous educational distribution.

From the sample three subgroups were selected: the Excellent Care group, consisting of 33 mothers who met the physical and emotional needs of their children exceptionally well, sensitively encouraging the children's growth and development; the Inadequate Care group of 32 mothers who had shown some clear incident of abuse or neglect of the child in physical or emotional areas; the Matched Care group of 32 mothers comparable to the Inadequate Care group in age, education and marital status.

Data were collected prenatally, perinatally, and postnatally on a variety of psychological, social, environmental, and medical variables. Parental knowledge of basic care issues relating to the health, safety, and nutrition of the child were tested with a questionnaire at 24 months. Parental knowledge and understanding were assessed by an interview given at the time of the 24 month assessment. Mother's responses to the interview items were rated on two global scales. One reflects mother's awareness of the developmental importance of certain child behaviors and the second reflects the mother's understanding of the effect her own behavior has on the child's development.

Developmental expectation measures were made prenatally, at three months and at 24 months. Inventories intended to assess mother's perception of the difficultness of her child and the "average child" were given prenatally, at three months, and at 24 months.

A third broad approach to assessing maternal expectations and perceptions involved a measure of mother's prediction of infant's performance (at nine and 24 months) on a developmental scale prior to its administration to the infant. At 24 months a questionnaire was administered to determine where mothers acquired their knowledge and whom they consulted when problems arose.

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[1] Funded in part by ACYF Grant #90-C-1259.

The quality of mother-infant attachment was assessed at 12 and 18 months and mother-child functioning in a problem-solving situation was assessed at 24 months. Both measures were done in semi-naturalistic situations. The first set of analyses involved testing for mean differences between the Inadequate and Excellent Care groups. Based on the assessment of attachment the mother-infant pairs were classified into either a securely attached group or one of two anxiously attached groups. Comparisons on the maternal expectation and knowledge variables were made between the three attachment groups.

The third set of analyses involved correlating the maternal expectation and knowledge variables with the mother and child variables from the two year problem-solving situation. The results indicate that mother's specific information regarding child care does not relate to quality of child care or later child competence. There were differences between the Excellent and Inadequate Care groups on the Child Care Practices questionnaire, but these differences disappeared when age and education were controlled. Even though maternal expectations and perceptions were assessed in a variety of different ways at a number of different ages, there were not many significant relations with either quality of parenting or child outcome measures. Compared to the Excellent Care group the mothers in the Inadequate Care group were more unrealistic at estimating the age at which certain developmental milestones occur and they perceived their infants as more "difficult" on a neonatal perception inventory. However, these relationships disappeared when age and education were partialled out.

Regarding the quality of attachment, there was evidence that mothers of infants classified as anxious resistant were more unrealistic in their expectations than mothers in the other two attachment groups. There were also a number of significant correlations between maternal expectations of developmental milestones and both mother and child competence factors assessed at age two; however, the magnitude of these correlations was quite small.

The aspects of parent knowledge and expectation that related most highly to quality of care and the child's development were the two ratings of knowledge based on the 24-month interview data. The first reflects the mother's understanding of the developmental significance of the typical behavior of a two-year-old. The second has to do with the parents' understanding of their potential for influencing their children and a recognition that their behavior does affect the behavior of their child. Age seems to be the biggest factor in these dimensions. Young mothers do not have the maturity needed to separate their own needs in attempting to understand and accurately interpret the behavior of their infant. Any intervention program must deal with these two dimensions of understanding.

The results of this project suggest that perhaps intervention needs to focus less on teaching specific child care skills and rather attempt to develop mother's understanding of the complexity of her infant and her relationship with her infant.

project began: 10/77
final report: 5/80

Assessing the Child Development Information Needs of Adolescent Parents with Very Young Children[1]

Ann Epstein
High/Scope Educational Research Foundation

ABSTRACT

The primary focus of our research was on finding out whether or to what extent adolescent girls are prepared for parenthood. Specifically, how much do they know about infant development, and how does this knowledge influence their actual parenting behavior? Our sample of 98 teenagers was drawn from a five county area in southeast Michigan. This is the first child for each of these girls. The group was ethnically mixed - just over half of these girls are white, the rest Black - and equally split between middle-class and working-class backgrounds. At the time of pregnancy, the adolescents were between 14 and 19 years old, with a mean age just over 16 1/2 years. One fifth were married, but almost 70% still lived with one or both of their parents. The teenagers were first interviewed during their last trimester of pregnancy. A follow up interview was done when the baby was six months old. Interview techniques were varied, and in some instances, unique. Both structured and open-ended questions were used to find out about teenagers' experiences with supportive services generally and their perceived needs in parenting education specifically. Knowledge of infant development was measured with two instruments: in a knowledge scale the subjects sorted cards according to when they expected various infant needs and abilities to first appear; in an infant education interview they viewed and reacted to videotaped clips depicting infant activities and styles of mother-infant interaction. The teenagers' own interaction patterns with their babies were coded from videotaped observations of routine diapering and feeding during the interview when the baby was six months old.

Findings from questions regarding parenthood showed: 1) Pregnant teenagers expected too little, too late from newborn babies. Though basic care, health and nutrition, and perceptual and motor development expectations were quite accurate, in the areas of mental development - cognitive, social, and language - teenagers attributed skills to babies many months too late; 2) Teenagers' babies, while physically well cared for, were often neither played with nor talked to by their mothers. Mean ratings indicate that the mothers could neither observe the signs of learning in their babies nor recognize the appropriate activities by which adults support this learning; 3) On the brighter side, teenagers recognized their need for more information about the mental growth of their infants. Their highest priority among information needs was knowing more about how babies think and learn and make sense of their world.

Findings regarding supportive services were especially significant from this group of mothers who were already participating in formal support programs in that: 1) A recurrent theme among those teenagers who were coping

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[1] Funded in part by ACYF Grant #90-C-1341.

relatively well with parenthood was that they had someone who taught them how to "negotiate the system"; 2) Support from the extended family, in the form of money, child care, and emotional sustenance also seemed to differentiate those teenagers who were coping from those who were overwhelmed by parenthood; 3) Teenagers liked services in which providers were caring and sensitive, information was offered spontaneously, there was a chance to share with other pregnant teenagers and teenage parents, and there was consistency and follow-through on the part of the staff. From services currently used, school-aged parent programs led the "like" list, the Department of Social Services received the largest and most vociferous complaints, and the medical profession was divided equally between good and bad experiences.

The researchers stress three implications of the research findings which they believed are often overlooked, if not actually defected, by current practices. First, policies and programs must make explicit the need to include child development information in services provided to teenage parents. Second, policies and programs must acknowledge and support the role played by the teenager's family. The adolescent with a baby is a child as well as a parent and there is little wisdom in requiring her to leave home and give up her base of emotional support in order to qualify for fragmented financial assistance. Third, policies and programs must provide to pregnant teenagers and teenage parents continuity of care which encompasses both the services and, where possible, the persons who provide these services. On the other hand, policies ought not to encourage the adolescent's total dependence upon her family when it comes to child care if the teenage parent is to establish a supportive relationship with her infant.

project began: 9/77
final report: 1/80

Intervention for Prematurely Born Offspring of Teenage Mothers[1]

Tiffany Field
University of Miami

ABSTRACT

The present study was designed to assess the early development of preterm versus term infants and infants of teenage versus adult mothers. In addition, a biweekly, home-based, parent training intervention was provided for a group of preterm infants and their teenage mothers to assess the ameliorative effects of early intervention.

The subjects of this study were 150 lower SES, Black mothers and their infants. The preterm infants of the teenage mothers were randomly assigned to either an intervention or a control group. Groups of full-term infants of adult mothers and of teenage mothers were also included in the study as controls.

Biweekly visits were made after school hours to the homes of the teenage mothers and their preterm infants. These visits were designed to provide educational information to the mothers on developmental milestones, childrearing practices, exercises and age-appropriate stimulation for facilitating sensorimotor development and mother-infant interactions. Demographic and perinatal data were collected within twenty-four hours of delivery and the infants were given a neonatal assessment. Follow up assessments (including various combinations of growth data, developmental screening and measurement, temperament questionnaires, and videotaped mother-child play) were made in the subjects' homes at four month intervals for the first year.

At four months the preterm infants of mothers who received intervention (educational information and training) had greater weight and length and received higher developmental screening scores than did the preterm control infants. In addition, the teenage mothers who received intervention were more knowledgeable about developmental milestones and showed more desireable or less punitive childrearing attitudes. Their infants were rated as having more optimal temperament and both the teenage mothers and the preterm infants of the intervention group received more optimal face-to-face interaction ratings than did the control group teenage mothers and preterm infants. Similar effects were seen at 12 months, and additionally, the preterm infants of teenage mothers receiving intervention received significantly higher Bayley mental scores than the control group, although all scores were within the normal range.

Many of the apparent effects of intervention were not surprising since the intervention program provided training on the types of infant skills tested by the developmental assessments and evaluated during mother-infant interactions. But growth differences cannot be as readily attributed to the intervention. Growth differences may have been a secondary effect of

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[1] Funded in part by ACYF Grant #90-C-1358.

the more adequate stimulation the intervention infants appeared to be receiving during their optimal play interactions. Several other studies have reported relationships between supplemental stimulation and calorie intake/weight gains.

The net effect was that a fairly inexpensive intervention of home visits to demonstrate exercises to mothers of preterm infants significantly enhanced the development of those infants.

project began: 9/77
final report: 12/79

Home and Center Based Intervention for Teenage Mothers and Their Offspring[1]

Tiffany Field
University of Miami

ABSTRACT

This research grows out of the results of an earlier home-based intervention study. A number of problems appeared to persist for the mothers of the home-based intervention program despite the positive effects of the program on early infant development and mother-infant interactions. These included: 1) the failure of mothers to return to school or seek job training or employment; 2) continuing poor financial status of the teenage mothers; 3) conflicts in the home between the teenager and her mother regarding childrearing responsibilities and attitudes. In an attempt to impact on these problems the present program organized a center-based intervention program to provide free nursery care for the infants of teenage mothers and paid job training for the mothers (as teacher aide trainees in the same nursery). The hope was that the program would impact on the mothers' socioeconomic status.

This center-based intervention program (N=30) was compared with the following: 1) a biweekly, home-based intervention program[2] providing parent-training in infant stimulation (N=30), and 2) a control group receiving no intervention (N=30). All mothers were randomly assigned to these groups following their volunteering for intervention. All groups were seen at four month intervals for assessments of the intervention effects.

The mothers were Black, lower SES teenagers ranging in age from 13 to 19 years (X=16.9) and their infants were delivered at term without perinatal complications. All of the mothers lived at home with their parent(s) and siblings. The first wave of mothers began receiving intervention in January 1979 and the last wave were scheduled to complete the six-month program in April 1980. Demographic data, prenatal and obstetric data as well as attitudes of the mother were rated during the neonatal period. The infants were assessed at the neonatal period and at four month intervals.

The groups (control, home intervention and nursery intervention) did not differ at birth as would be expected since the teenage mothers were randomly assigned from the same population. There were a number of measures on which the nursery intervention group showed more optimal performance than the control group at four months. (Analyses for the home-based group were incomplete at the time of this report.) The nursery intervention infants were reliably heavier and were more appropriate weight for age. In addition, the teenage mothers who were nursery teacher aide trainees assessed their infants as having more optimal temperament than did the mothers of the control group. These included more optimal summary ratings (which

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[1] Funded in part by ACYF Grant #90-C-1764.

[2] The home-based program is described in T. Field, "Intervention for Prematurely Born Offspring of Teenage Mothers".

suggests that the control group infants are "difficult" and the intervention infants less than "easy") as well as infant temperament ratings of adaptability, approach, threshold, intensity, distractability and persistence, favoring the intervention group.

It appears that despite similarities at birth, by four months the nursery intervention and mother job training program has contributed to differences on growth measures of the infants and differences in mothers' ratings of infant temperament. These encouraging findings await confirmation when all the mother-infant pairs have completed the full term of the six month program.

project began: 10/78
final report: 12/80

Early Childrearing by Young Mothers[1]

Lucille Grow
Child Welfare League of America

ABSTRACT

This study was undertaken by the Child Welfare League of America to explore the effects of childrearing out of wedlock. It examined the relationship between the mother's marital status at the time of the baby's birth, her age and other maternal characteristics, experiences and attitudes, and the subsequent well-being of mother and child, a major purpose being to identify those social and behavioral characteristics, attitudes and/or experiences of the mothers that are most predictive of a positive outcome for the mother and child. Research prior to the early 1970's was primarily focused on Black married women and their children, resulting in a lack of reliable information about young unmarried white mothers who chose to keep their baby. The increasing number of such young women was the reason for focusing on this group.

A cohort of white unmarried primiparas under age 25 who planned to keep their babies and a comparison group of white married women were identified at the time of their delivery. These women were interviewed within a month of discharge from the hospital (Time 1), and again when their child was 18 months old (Time 2), and 36 months old (Time 3). To minimize attrition and maintain cooperation, telephone contacts with the mothers were to be made every six months between the first and third interviews. Milwaukee County, Wisconsin, was selected as the site of the research for reasons of size, racial composition, social climate, and the interest of the local health services. The study was conducted over a three year period beginning in 1973 with more than 400 mothers. The major data collection instruments were interview schedules that explored various aspects of the lives of the mothers, and to a lesser extent of their children.

In some circumstances of their lives, differences between the married and unmarried women either lessened or disappeared over time. Whereas at Time 1 the median income of the married women was more than twice that of the unmarried women, by Time 3 the difference, though still substantial, was less pronounced. When interviewed shortly after the baby's birth, more unmarried women felt isolated. As their children grew older, no differences were found by marital status. At Time 2 more unmarried women believed they did not have enough money to manage; by Time 3 there were no differences in the proportions of married and unmarried women who reported this to be the case. When the children were 1 1/2 years old, more of the unmarried than married women who lived with a husband or male partner believed their relationship had deteriorated because of the child's presence; at Time 3 there was no difference in the proportions so reporting.

One of the more influential aspects of the lives of these mothers as shown by the results is the support, either formal or informal, received during the early months and years. Mothers who received a high degree of

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[1] Funded by Grant #OCD-CB-456.

familial support during the children's early infancy were likely to find child care difficult when the children were 18 months old, but familial support was not associated with the mothers' adjustment when the children were older. The more community resources needed but unavailable, the more likely mothers found child care difficult, were discontented with their maternal role, and scored low on the overall success measure; while the more community resources the mothers used when the children were older, the more contented the mothers and the higher the overall success score. Mothers living with a husband or male partner were more likely to be contented when the children were 18 months old, but living with a partner was not significant when the children were three years of age.

project began: 8/73
final report: 1/79

Black Family Cultural Heritage Project[1]

Robert Johnson
Institute of Black Studies

ABSTRACT

The purpose of this project was to determine whether alternative models and methods of providing child development information to Black parents affect childrearing attitudes and their utilization of family support services. It was hypothesized that models of training based on the Black cultural experience would yield significantly different results than ones based on traditional white, middle-class parental training philosophies and programs.

A total of 149 families with at least one child under eight years of age were interviewed and administered the research instruments. These families were recruited primarily through day care agencies in the St. Louis area and some through various kinds of media publicity. Though random selections of the sample proved impossible, once included in the sample, the participants were assigned randomly to the treatment and control groups.

Three curriculum training models that provide Black parents with childrearing and child development information from different perspectives were developed. Each presented a unified conceptual approach dealing with various facets of child development. The traditional model consisted of the works and theories of popular child psychology writers who are generally white and have a middle-class orientation. The cultural model consisted of the theories and methodologies of child development created by different Black organizations with a nationalistic/Pan-African perspective. The cultural-traditional model was based on the works of Black theorists and practitioners who have made special attempts to adapt traditional child development theory and practices to the specific needs of Black children and their families. Each model was designed with ten sessions arranged over a five week period. The overall evaluation of the training curriculum made by the participants was overwhelmingly positive with the aspects of "Held my interest", "Useful information received", "Beneficial to me as a Black parent", and "Comfort in participation" receiving the top responses.

Data on sources from which Black parents receive childrearing information show that Black parents in this sample identified the mother as the most helpful source of childrearing information (43.7%), and the spouse as the second most helpful. These sources totaled with other family and social network resources made informal services the principal resource (71.9%) for information. Parenting books, courses or teachers were the other primary sources of helpful information reported by 16.2% of this sample while about 12% reported that professionals, social agencies, pamphlets, or their children's school teachers were helpful sources.

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[1] Funded in part by ACYF Grant #90-C-1262.

A series of questions were posed to the parents to determine the various attitudes, values, goals, aspirations and preferences that they held for their children. From various analyses of parental values and goals it can be summarized that the Black parents making up this sample desired that their children be hard working and ambitious, happy, obedient to their parents and well-behaved, independent, respectful, and honest. Attributes not highly valued or emphasized were being popular, a good athlete, liked by adults, concerned for others, affectionate, or knowing how to have a good time.

In terms of adherence to culturally-normed values that have been identified in the literature on Black family life, data from this study showed that the overwhelming majority of parents held moderate to strong attitudes endorsing the childrearing goals of independence, obedience, racial and social awareness, religion, family ties, and cleanliness. Data on parental expectations for children have shown that Black parents would like to see their children acquire high levels of education (college and graduate or professional school) and that those parents who indicated occupational preferences for their children desired high-paying, prestigious positions for them.

The major finding in the area of utilization of family support services was the relative under- or nonutilization of services that could be deemed supportive of family life: psychological, family counseling, educational, medical, welfare, recreational and cultural services.

As for parenting training and its relationship to the childrearing attitudes, the results are still incomplete, but the researchers feel that thus far they can conclude that there is a great desire on the part of Black parents to receive information about childrearing, particularly information that is perceived as being relevant and useful to their experiences, lifestyles, and cultural values.

project began: 10/77
final report: 6/80

Child Development Information Utilization by Reservation and Urban Indian Parents of Very Young Children[1]

Dorothy Miller and Denis Turner
Native American Resource and Research Associates, Inc.

ABSTRACT

This study was a first attempt to elicit Indian mothers' perspectives of their very young children's physical, cognitive and social development. It examined child development norms held by reservation and urban Indian families with very young children, and determined the informational needs and potential sources and utilization of modern child development knowledge of these families. It also examined the concept of child development which arises from Western culture as it is viewed by rural and urban Indian mothers. The sample was made up of 100 Indian families who had two or more children, at least one of which was under five years of age. Fifty of the Indian families reside on remote reservations in San Diego County, California, and 50 are urban Indian families residing in the Bay Area of California.

To get at the basic child development concerns addressed by the project (i.e., What are the child development norms of the rural and urban Indians, and how might these be supported within the present Social Security Title XX services?) the following questions were asked: 1) What do Indian mothers expect from their very young children in terms of their perspective of child development and how does this differ by the mother's background? 2) What kinds of concerns do they have about child development issues in their children's progress? 3) What types of child development problems would lead them to seek outside information and to what formal supportive services would they turn? 4) What family support services would an Indian mother seek for assistance with a perceived child development concern? and 5) What knowledge of child development information do rural and urban Indian parents' possess and how and from whom have they received such information?

In order to get at these complex and complicated issues of bicultural informational systems, multidisciplinary approaches were used; legal-administrative, sociological, and anthropological. A staff of trained Native American interviewers were able to gain fully informed consent and information from the subjects whose culture deems it impolite to ask personal questions. Observations of the mother's reactions made at the time of the interviews provided further information to the project. These data were then used to relate the type and utilization of child development information to the socioeconomic and family structure of each Indian mother, comparing the reservation mothers' responses with the urban Indian mothers' responses.

The interview material included: demographic variables relating to the family socioeconomic background, size and structure; indicators of significant others; reference groups; and parenting experiences. Structured questions were included about childrearing practices, language used within the family group, sources of information, information needs and utilization of resources.

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[1] Funded in part by ACYF Grant #90-C-1261.

Nationally, children under five years of age constitute 8.4% of the population, but the same age group constitutes 12.6% of the Indian population. For this Indian population extended families are overwhelmingly the primary source of help with developmental problems of preschool children, though urban Indian mothers are slightly more likely to turn to friends or outsiders - or to no one at all. Urban-dwelling mothers are also likely to list family members less frequently (27%) as significant others than do reservation mothers, 62% of whom reported family. Child development norms were pegged to a significantly younger age on five of nine items by reservation mothers, while urban mothers' norms were significantly younger on only one item. Over half of the Indian mothers (54%) saw no difference between the development of Indian and non-Indian children in the birth through three age range, but almost two thirds saw developmental differences between Indian and non-Indian four to five year olds, with nearly one fourth (23%) of the mothers seeing the differences as negative, and 41% seeing those differences as positive.

The results of this study are not complete but several generalizations may already be drawn. Indian childrearing mothers tend to relate to an extended family and to have close intergenerational relationships as well. These relationships are the basic network for the transmission of their Indian values and heavily influence their own perspective of child development norms. It is to be predicted that the more acculturated to the majority the Indian mothers become, the closer her expectations for her child's developmental progress will be to that of mainstream Americans.

project began: 10/78
final report: 10/79

Study of Parent's Information, Childrearing Practices and Child Development Outcomes in Puerto Rico[1]

Ligia de Rodriguez, Jorge Gonzalez, and Raul Munoz
Health & Social Studies, Inc.

ABSTRACT

This project conducted the first comprehensive study concerning childrearing practices in Puerto Rico. Field work began February, 1978 and ended June, 1978. The initial sample for this study consisted of all available families with children less than four years of age and more than six months of age in the 1976 Master Sample Survey of Health. This was 391 families. The research design sought to achieve the following objectives: 1) identify the types of information parents have regarding child development, specifically parents with children under four years of age; 2) ascertain the patterns of childrearing practices; 3) ascertain the level of development of Puerto Rican infants and toddlers; and 4) study the perception of child development information needs of parents of small children. It sought to further explore the diversity which was expected to be in the information obtained for each of these objectives as to three variables, the social, cultural, and economic factors.

A set of hypothesis explored the possible relationships between the three main variables of the study design: 1) the childrearing practices of the survey parents will vary in relation to the information-base they have about child development; 2) the developmental growth of the survey children will vary in relation to the childrearing practices of their parents; and 3) the utilization patterns of family support services for child development information needs will be related to the information-base parents have and to their childrearing practices.

The data were gathered with the aid of four instruments: a 290 item interview, administered to the mothers, exploring the sociodemographic characteristics of subject families, patterns of rearing utilized and childrearing information; a measure to ascertain the level of development of the subjects; an observation scale to collect additional data and general impressions; a scale for measuring the information mothers had about child development and their perceived information needs.

Data show a great reliance on friends, relatives and personal experience as sources of information. Information on almost every topic including children's problems (toilet training, sexual play, discipline) and general areas (teaching the child and recreation) was received predominantly through the channels of friends, relatives, and the parent's own experience. The topic of feedings was the only area where parents used a more formal source. Mothers and caretakers generally continue to obtain their information about childrearing from the traditional culture sources.

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[1] Funded in part by ACYF Grant #90-C-1273.

Data also show that certain areas of support were not used by the parents in this study. Although health services were generally used, in areas like counseling for families and children more than 90% of families did not receive any support from this source.

The results of the study while not yet fully detailed serve to reinforce the picture of Puerto Rican society as a whole. This society is one that has dramatically and rapidly changed in the last decades but is still in a state of transition, with mixed traits of a semi-industrialized society and an agrarian one. A lack of coherence is noted in various aspects of life at this stage including that of childrearing. For example, the Puerto Rican mother thinks that breast feeding the child is the "ideal" thing to do, but just 25 percent breast feed and for only one month on the average; the mother thinks that thumb sucking and the use of pacifiers are no good for the child but relies heavily on them, actually encouraging the child to use the pacifier.

The study suggests that the Island of Puerto Rico needs a more vigorous and effective network of services which can help the mother or caretakers in dealing with their children and provide support for maintaining the family unit as the most important structure of society conducive to the development of the child.

Teenage Pregnancy and Parenting Program[1] (TAPPP)

Carlos Salguero
Hill Health Center

ABSTRACT

This is a comprehensive health and parenting program designed to coordinate the services offered at the family-oriented Hill Health Center, New Haven, Connecticut, to meet the needs of the community's sexually active adolescent, the pregnant teenager, and the mother and child after birth. Census population figures for this area show Black, 40%; Hispanic, 30%; and White, 30%. The TAPPP project served clients from all three groups. Data from the year November 1977-78 was collected on 114 TAPPP clients; 90 referred from the Center's pregnancy testing service, eight from other agencies, and 16 being followed prior to the grant year. Data covered 15 variables and was compiled from information in Case Management Records.

The project's objectives are to 1) promote health behaviors and prevent pregnancy, 2) to insure good medical care for the pregnant adolescent in school, and 3) protect the maternal-infant bond and emotional and physical well-being of the mother and child.

The goal of reducing the incidence of adolescent pregnancy is addressed through delivery of information about health and human sexuality; by means of pamphlets, a newspaper written by adolescents, health fairs and individual counseling. The coordination of services with other agencies with similar concerns has led to the provision of free pregnancy testing, contraceptive and pregnancy counseling, and follow up where needed.

The second goal of maintaining the health and continuing education of the pregnant teenager is achieved through services provided cooperatively by the Center, the local high school and Yale Child Study Center.

The Teenage Health Education and Parenting Consortium has been developed by these cooperating agencies to prevent pregnant adolescents from dropping out of school, to facilitate their return after delivery and to provide workshops for the high school faculty to help them be more sensitive to the problems adolescents encounter. A Primary Worker is assigned to the client at the time of the pregnancy test. This Worker continues to follow the adolescent through her pregnancy and motherhood until the child is four years old. She is central to the continuous and coordinated delivery of mental health-oriented services to the adolescent mother, as well as serving as her advocate.

Continuous assessment of the relationship between the young mother and her child is made in answer to the objectives in goal three. Active intervention is made by the TAPPP staff to eliminate those factors in the mother-infant dyad that create stress and to foster a healthy relationship. A significant component of this intervention is the Infant Stimulation Program (ISP)

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[1] Funded in part by ACYF Grant #90-C-1337.

whose main objective is to protect the well-being of children born to teenage mothers until the child is 3.8 years old. A continuation of the Infant Stimulation Program is the Parent Infant Center (PIC) which has as its focus the teaching of parenting skills to any pregnant adolescent in the area who wishes to participate. Attention is also focused on assisting the young mother to continue her own development by addressing issues such as postponement of second pregnancy and continuation of her own education, and by helping with child care to reduce the social isolation of the mother and allow her to participate in peer group activities.

From the seventh month of pregnancy on the assessment of the physical, emotional and social status of the mother is made every three months during her child's first year of life and every six months thereafter. These assessments maintain a constant source for reevaluation of the services provided to the mother. The first year data is useful in identifying trends within the population though it is limited in presenting the full range of individual differences. Some desired health goals which were not specifically stated as objectives were achieved. For example, an increased number of adolescents received prenatal care the first trimester of pregnancy, keeping the prematurity rate at less than 1%, and reducing the pregnancy and delivery complications to a very low number.

The figures from pregnancy test results from November 1977-78 show a total of 78 pregnant teens, the overwhelming majority of whom chose to carry the pregnancy to term (81%). The remaining 19% proceeded to terminate (60% had a first trimester abortion; 40% needed the second trimester procedure). In addition, data show that 18% of the clients came back for at least one more test during the year and that 40% of the population had a history of pregnancy tests before entry to the program. This quite substantial repeater population is being examined for indications of a trend towards using the pregnancy test as a method of birth control, or of a population disengaged from contracepting whatsoever.

project began:11/77
final report: 3/81

Information Needs and Information Delivery for Parents with Very Young Children[1]

Joseph Sparling
University of North Carolina

ABSTRACT

What child development and childrearing topics are of most interest to parents of very young children? What are their problems in raising children? And what sources for help and information do they prefer? This project, designed to identify the information needs of parents of children under age three, conducted a national survey in 1978 to elicit parents' answers to these questions.

Mail-back questionnaire respondents included 1,458 members of the National Baby Panel, a sample of households quota-controlled to conform to U.S. Census estimates. Information was also gathered in personal interviews with 100 low-income, minority group parents.

Results of the survey revealed that parents perceived a need for comprehensive information that deals not only with facts about child development but also with techniques and skills in working with young children. When parents were asked to rate their interest in reading 50 hypothetical articles listed by title, the researchers found that the broad spectrum of topics selected reflects an eclectic, whole-child approach to information interests. Moreover, they point out, the fact that both the Baby Panel and other participants rated the same nine titles highest suggests that information on certain subjects may have an almost universal appeal.

Among the nine highest rated titles were "Build your child's self-confidence", "The sick child: what to do", "Prepare your child for learning", and "How mental abilities develop in children." Seven of the nine titles contain the words which indicate positive activity on the part of the parents ("Build," "prepare," "enhance"), which suggests that parents clearly see themselves in a facilitative and skillful role vis a vis their young children.

Among the most frequently reported problems, selected from a list of 26, were the following: "I wonder how I can help my baby develop her full potential", "I wish I had more time for myself", "It's hard to find a good babysitter", and "I wonder what my baby wants when he is crying."

As they had expected, the researchers found that such variables as the age of the youngest child, the number of children in the family, family income, and the mother's age and education were related to parents' responses. Older mothers and mothers with older children shared similar interests and concerns. Young mothers - particularly those under 20 - and mothers in the high-risk group had certain concerns in common. Such findings, the researchers emphasize, underscore the importance of getting inform-

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[1] Funded in part by ACYF Grant #90-C-1263.

ation to parents at the right time - when they and their children are ready for it.

Where do parents prefer to get this information? "Family and Friends" and "Doctors and Nurses" were the most frequent first choices (from among nine options), while "Books," which was the most popular form of printed information, was often selected as second or third choice. However, the preferred sources varied according to the kinds of information parents wanted. In general, for information on children's problems and managing the child's environment, parents would turn to family and friends, while doctors, nurses and books would be consulted for information on child development. "Social Agencies" received high priority (after family and friends) for information on family problems.

These survey results were used to carry out the second part of the project, a North Carolina demonstration of information delivery which was completed in April, 1979. Two strategies were employed: 1) visiting parents in their homes and 2) presenting information in a pediatric clinic to parents who were waiting for appointments. Telephone follow up data showed no gain in parent information as a result of the one-time presentation in the clinic. However, observational measures showed a more positive style of parent-infant interaction after two to six months of information delivery through home visitation.

project began: 10/77
final report: 9/79

Do Social Networks Support Effective Teen Parenting?[1]

Joseph Stevens, Jr.
Georgia State University

ABSTRACT

This project is investigating the extent to which institutions and groups external to the teen family support its childrearing function. It will also examine the relationship between the teen parents' ability to construct supportive linkages with people and institutions and their infant's development. Specific questions to be asked are: 1) Does the family's connectedness, knowledge of child development, and the quality of the home learning environment significantly predict infant development among low-income Black teenage parents? 2) Does the family's connectedness, and the knowledge of child development significantly predict the quality of the home learning environment? and 3) Does the family's connectedness significantly predict parental knowledge of child development?

One hundred and twenty low socioeconomic status Black Atlanta families with at least one infant between 16 and 24 months of age are being studied. All mothers were under 21 years of age when interviewed. Fifty teenagers who were not parents or pregnant at the time of the study were the comparison group. Neighborhoods with low-income Black families were canvassed to collect the subject population.

Variables being used to study family connectedness include the use of household and social network for support, access to and use of community resources, and childrearing coping style. Parental knowledge variables are normative developmental knowledge perceptions of infant mental or psychomotor development.

All data are not yet collected but preliminary collection and analysis have presented some interesting findings.

Mothers interviewed had an average age of exactly 18 with infants at the time of the interview being 20 months old.

Of all the mothers, 38% lived alone or with a male partner, and designated themselves as principal caregiver in the household. Twenty three percent of the mothers lived with another adult female but remained the principal caregiver of the infant. Thirty six percent lived with another female and this other female was designated as the principal caregiver, or the two disagreed on this designation.

The number of females in the social network has a positive relationship to the infants' score on the Bayley Tests, with motor development being more related than the mental development. The more emotionally responsive and

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[1] Funded in part by ACYF Grant #90-C-1761.

more verbally stimulating the teen mother is observed to be, the better her infant develops.

A larger number of females predict a higher infant score. The number of relatives in the network has a positive relationship to the teenage mother's knowledge of child development while an increase in number of friends has a negative relationship to the same variable. It may be that a system of reciprocity of everyday help which extends too far, including too many friends, drains the mother of her resources, leaving her perhaps less time and energy for learning about and understanding her own infant.

A teen mother's high score on the knowledge of child development measures is related also to a high score on the HOME scale. Perhaps an understanding of the child's developmental needs causes a change in the mother's behavior which results in a more stimulating environment.

The data provide some evidence that certain types of social networks may be more supportive of Black infants' development, and suggests that an ecological model of child development may be a more complete one. In this ecological model, maternal behavior continues to be an important factor. But the Black mothers' ability to construct and maintain linkages with others outside the household appears to also predict how well their infants develop.

report began: 1/79
final report: 9/80

Education in Parenting for Adolescent Mothers[1]

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ABSTRACT

The objectives of this study were to: 1) assess the level of parenting information possessed by young mothers at the time of their first visit to the postnatal component of the Johns Hopkins Center for School-Aged Parents and Their Infants; 2) develop and present educational materials through formal educational modules, and 3) measure the effectiveness of this educational intervention effort to increase parenting skills and knowledge of adolescents with infants. The general hypothesis held that exposure to an educational program coupled with well-baby care and developmental screening, would result in increased parenting knowledge and ability.

The methodological design was a modified panel or succession design. That is, one panel was followed (measured) at each pre-selected point (two months, six months, and one year) along the time continuum, while the remaining panels were measured only one time each, but at different points on the continuum. The design also required a baseline assessment for comparative purposes and a pretest to evaluate the suitability of the measurement instrument.

In terms of sample size, the baseline data were generated by 44 responding mothers (the "informal" group) who at two months numbered 29 with smaller numbers at other points in time. The main panel ("formal" educational exposure) reflected a sample of 62 at two and six months, while only 15 had reached their first birthday at the time of closure for the study.

The data were collected by the Center staff from mothers visiting the Center for regular postnatal clinical appointments. The questionnaire was administered in a group (N=2→5) format by asking the mothers to read the items from their own copy while the group leader read each question orally.

The young mothers were asked how much they thought they knew about a variety of child and adolescent developmental areas. Upon the completion of testing of knowledge, the respondents were told the correct responses and then asked how much they would like to know about the same topics. The question being tested was; Did exposure to a situation which immediately challenged the parents' perceived knowledge serve to activate or stimulate a desire to improve upon this knowledge base, either to the level they had previously thought they were on, or to a more advanced level of knowledge? In general, the mothers did seek additional information.

The mothers in the formal group received an intervention program which depended heavily on a values clarification process throughout the educational

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activities. The intent was to help the adolescents develop a sense of personal responsibility and caring, for themselves and their child, and to sort out for themselves, their values and objectives so that they might plan appropriately for themselves and their infants. These concepts were new to many of them.

One area measured dealt with how babies grow and develop. Half of the mothers composing the "formal" panel wanted to know more than they initially thought they knew, while an additional 37% wanted to know at least as much. These percentages were reduced to 40% and 33% respectively at one year. The combined percentages of the "informal" groups were 86% at two months, 90% at six months, and 89% at one year. That is, there was no reduction manifest in the scores registered by these mothers with different aged children. Eighty-four percent of heterogenous "baseline" population reflected a desire to know more. Clearly, the vast majority of all subsamples sought additional information, while the only reduction was evidenced by the "formal" group. Varying patterns were observed in other areas measured.

Evidence indicates that this program is serving the population of adolescent mothers in an effective manner. The young mothers have acquired a strong information base. Much of the arrogance that was so visible upon registration (which may have served as a mask for fear, anxiety and defensiveness against criticism of their parental status) has been dissipated and replaced with a strong desire to be as good a parent as possible, and with increased self confidence that this goal can be achieved.

In addition to the quantitative evidence provided by the indices presented, these young mothers are returning to school at an impressive rate (85%), and while almost all remain sexually active, the rate of repeated pregnancy is impressively low; 7.5% in 12 months, and 21% in 24 months compared with a national figure of 25% in 12 months.

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A Study of the Use of Support Services by Adolescent Mothers[1]

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ABSTRACT

The purpose of this project was to determine the extent to which young mothers who had received services from one of four member agencies of the Florence Crittenton Division of The Child Welfare League around the time of giving birth, and who had decided to keep their babies, were appropriately using support services one year later. Special focus was placed on the young mothers' present and past use of community and familial supports. The survey data were obtained through interviews with 185 young mothers who had received services from one of the four cooperating Crittenton agencies in Michigan, Texas, North Carolina, and Ohio In about a third of the cases the grandmother or a male partner also participated in the interview. The interview data (collected about a year after the young mother had left the agency) were supplemented by brief questionnaires completed independently by the interviewees and by demographic and historical information obtained from the agency records.

Almost all of the clients began receiving services from the Crittenton agencies well before their babies were born and terminated them soon after delivery. The pregnancy-related services available, usually on the premises, include: medical care, education, counseling, residential services, child care and parenting classes, and family planning services. Other services such as legal counseling are available at some sites through referrals. The number of services used by individual clients ranged from one to nine, with half the mothers reporting use of four to six services.

It was the young mothers' parents who gave them the most help after they delivered their babies. Half reported that their parents provided financial assistance and 56% stated that their parents babysat for them. Other types of material help from parents, such as clothing, furniture and food, were mentioned by two fifths of the young mothers. Seventy-six percent of the respondents were living with their families at the time of the interview. Thus, the rate of financial assistance from parents is probably underreported. Many of those not living with their parents also indicated that they got help from them after the Crittenton experience.

Twenty-two percent of the young mothers were living with a husband or a male partner at the time of the interview and an additional 46% reported continued contact with the baby's father. The nature of the contact ranged from "seeing him at school" to "dating him" and included contacts centered on the child such as "visiting the baby and bringing him gifts." Forty-four percent of the respondents reported receiving some financial assistance from the father. (Thirty-eight percent of the mothers said they no longer had any contact with the baby's father.)

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Almost all the mothers (92%) reported opportunities to see friends, usually other young mothers with babies or peers without children. Most were satisfied with the frequency of contact with friends, which was at least once a week for 71% of the respondents. Neighbors also providing opportunities for social contact, with one third of the mothers reporting that they often visited with neighbors.

Although many of the mothers reported gaining helpful information about babies from reading and watching television, they most often (43%) relied on their own experience in caring for or observing children. Next most frequently mentioned were classes (26%), while 15% named their own mothers as sources of information, and 11% listed literature or media sources. Physical aspects of child care were topics the mothers recalled most often from each of these media sources.

In the year since termination of agency services, the young mother had used, on the average, about six different support services in the community. In general, Black mothers, better educated mothers and those who had had longer periods of service at the Crittenton agency used more support services subsequently. Most mothers had used medical services for themselves and their babies and were generally satisfied with them. Sixty percent were using methods to prevent another pregnancy. Nearly three-quarters of the young mothers availed themselves of some organized social or recreational activity, with participation more common for Black mothers and those under 18 years of age at the child's birth. At the time of the interview, two thirds of the young mothers were either in school or had completed the twelfth grade.

Financial and housing needs were the most frequently mentioned major need by about two fifths of all the respondents. Child care and job related needs were reported by more than 25%. More than 10% of the respondents reported the following as amont their most important needs: transportation, education, material items (other than financial), and medical care.

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